

PROVIDING EDUCATIONAL INFORMATION ON HIV/AIDS & OTHER INFECTIOUS DISEASES AND REPRODUCTIVE HEALTH

AUGUST 2005

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The Washington State Department of Health HIV Prevention & Education Services, Client Services, and the Governor's Advisory Council on HIV/AIDS (GACHA) share a web address. Go to www.doh.wa.gov/hiv.htm for program access. You can also access the HIV Prevention & Education Services website at the old web address: www.doh.wa.gov/cfh/hiv_aids/prev_edu/.

Washington State Responds Quarterly Newsletter Now Electronically Distributed

Now that WSR is distributed electronically on our web site, we can send you an e-mail notification when the new issue is available online. In order to receive this notice please send your e-mail address with the subject title: **WSR E-List**. All you need to include in your note is your complete e-mail address. Please send to: barbara.schuler@doh.wa.gov.

HIV/AIDS Trainings to Meet State Licensing Requirements

Location	Phone Number	2, 4 or 7 hour Courses	Cost	Other Details
Anacortes (Skagit County)	(360) 299-1342 Jo Ann Hoover	4 hour 7 hour Video Courses	No charge	Offered by Island Hospital. For residents of Island, Skagit and San Juan Counties only.
Bellingham (Whatcom Co.)	(360) 733-3290	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$40 for 4 hour \$60 for 7 hour	Offered by the Whatcom County-Bellingham American Red Cross.
Bellingham (Whatcom Co.)	(360) 715-8350	2 hour 4 hour 7 hour	\$20 for 2 hour \$30 for 4 hour \$50 for 7 hour	Offered quarterly through Bellingham Technical College.
Bellingham (Whatcom Co.)	(360) 715-8350	4 hour Infectious Disease Prevention for EMS	\$30 for 4 hour	Offered quarterly through Bellingham Technical College.
Bremerton (Kitsap County)	(360) 377-7307	4 hour 7 hour	\$25 for 4 hour \$30 for 7 hour	Offered by Kitsap Home Care Services Training Center.
Bremerton (Kitsap County)	(360) 475-7359	2.5 hour	\$15 for 2.5 hour	Offered by Olympic College in Bremerton.
Bremerton (Kitsap County)	(360) 377-3761	2.5 hour 4 hour 7 hour	\$21 for 2.5 hour \$38 for 4 hour \$65 for 7 hour	Offered by the American Red Cross.
Bremerton (Kitsap and Pierce Counties)	(360) 405-0430 (253) 474-5879	2 hour 4 hour	\$15 for 2 hour \$15 for 4 hour	Offered by instructor Francis Hall. Also available in Pierce County.
Clallam County (Port Angeles)	(360) 417-2352 K. McDaniel	2 hour	\$10 for 2 hour	Offered by Clallam County Health Department.
Clark County (Vancouver)	(360) 693-5821	2 hour 4 hour 7 hour	\$10 for 2 hour \$20 for 4 hour \$50 for 7 hour	Offered by the American Red Cross.
Clark County (Vancouver)	(360) 759-4404 http://www.nwrtc.org	7 hour 4 hour	\$60 for 7 hour \$50 for 4 hour	Northwest Regional Training Center.
Colville (Ferry, Stevens and Pend Oreille Counties)	1-800-827-3218 Angie	2 hour	No cost for 2 hour classes	Offered by Northeast Tri-County Health District.
Coupeville (Island County)	(360) 678-5151	4 hour 7 hour	Call for info	Offered by Island County Health Department and Whidbey General Hospital.
Edmonds (Snohomish County)	(425) 640-1840	7 hour	\$89 for 7 hour Also receive one credit.	Offered by Edmonds Community College.
Everett (Snohomish County)	(425) -259-9899 Anne Miles; Ext. 16 http://www.pwnetwork.org/	2 hour 4 hour 7 hour	\$20 for 2 hour \$30 for 4 hour \$50 for 5 hour	Offered by Positive Women's Network.
Everett (Snohomish County)	(425) 252-4103 Laura; Ext.12	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$30 for 4 hour \$60 for 7 hour	Offered by the American Red Cross. Scholarships are available.

**A PUBLIC INFORMATION PROJECT OF THE WASHINGTON STATE DEPARTMENT OF HEALTH
OFFICE OF INFECTIOUS DISEASE AND REPRODUCTIVE HEALTH**

<http://www.doh.wa.gov/hiv.htm>

HIV/AIDS TRAININGS TO MEET STATE LICENSING REQUIREMENTS, CONTINUED

Location	Phone Number	2, 4 or 7 hour Courses	Cost	Other Details
Grays Harbor	(360) 533-3431	4 hour	\$30 for 4 hour	Offered by the American Red Cross.
Grays Harbor and Pacific County	(360) 267-3404 (360) 267-3405	2 hour 4 hour 7 hour 10 hour	\$30 for 2 hour \$45 for 4 hour \$75 for 7 hour \$85 for 10 hour	Offered by Critical Incident Stress Management (CISM). They also offer First Aid/CPR classes.
Kirkland (King County)	(425) 739-8104 (425) 739-8112	7 hour	\$69 for 7 hour	Offered by Lake Washington Technical College.
Mason County	(360) 352-8575	4 hour	\$30 for 4 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 428-2151	4 hour 7 hour Videos	\$25 handling fee for video tapes	Offered by Skagit Valley Hospital.
Mt. Vernon (Skagit County)	(360) 424-5291	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$35 for 4 hour \$45 for 7 hour	Offered by American Red Cross.
Okanogan	(509) 422-7153	2 hour 4 hour 7 hour	\$30 for 2 hour \$30 for 4 hour \$30 for 7 hour	Offered by Okanogan Health District.
Olympia (Thurston County)	(360) 352-8575	4 hour	\$30 for 4 hour	Offered by the American Red Cross.
Olympia	(360) 352-2375	4 hour 7 hour	\$30 for 4 hour \$60 for 7 hour	Offered by United Communities AIDS Network (UCAN).
Puyallup (Pierce County)	(253) 841-3311	2 hour 4 hour 7 hour	\$15 for 2 hour \$40 for 4 hour \$50 for 7+ hour	Offered by H.E.L.P. (HIV/AIDS Educational Learning Place) the C.P.R. First Aid Company.
San Juan County	(360) 378-4474	2 hour 4 hour 7 hour	\$20 for 2 hour \$20 for 4 hour \$20 for 7 hour	Offered by San Juan County Health & Community Services.
Seattle/King Co. & South Snohomish Co.	(206) 784-5655 www.healthinfonet.org	2 hour 4 hour 7 hour	\$10 for 2 hour \$25 for 4 hour \$40 for 7 hour	Offered by Health Information Network. They will also travel to your facility.
Seattle	800-783-2437	2.5 hour 4 hour 7 hour	\$36 for 2.5 hour \$44 for 4 hour \$58 for 7 hour	Offered by Health Impact. Audio course available.
Seattle	(206) 726-3534	2 hour 4 hour 7 hour	\$21 for 2 hour \$38 for 4 hour \$65 for 7 hour	Offered by the American Red Cross.
Seattle	(206) 850-2070 Betty Morgon aarthministry@yahoo.com	2.5 hour 4 hour 7 hour	\$25 for 2.5 hour \$45 for 4 hour \$60 for 7 hour	African Americans Reach and Teach Ministries (AARTH)
Spokane	(509) 326-3330 Ext. 210	2 hour 4 hour	\$20 for 2 hour \$30 for 4 hour	Offered by the American Red Cross.
Spokane	(509) 324-1542	7 hour	\$50 for 7 hour	Offered by the Spokane Regional Health District.

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<http://www.doh.wa.gov/hiv.htm>

HIV/AIDS TRAININGS TO MEET STATE LICENSING REQUIREMENTS, CONTINUED

Location	Phone Number	2, 4 or 7 hour Courses	Cost	Other Details
Spokane	(509) 928-1588 Ext. 16	7 hour	\$45 for 7 hour	Offered by Visions Community Resources.
Spokane	(509) 236-2430 Becky Nauditt	2 hour 4 hour	\$18.00 \$30.00	Offered by Becky Nauditt
Tacoma (Pierce County)	(253) 841-3311 Barbara Miller	2 hour 4 hour 7 hour	\$30 for 2 hour \$40 for 4 hour \$50 for 7 hour	Offered by C.P.R. Company.
Tacoma (Pierce County)	(253) 474-0600	2 hour 4 hour 7 hour	\$15 for 2 hour \$43 for 4 hour \$55 for 7 hour	Offered by the American Red Cross.
Tacoma (Pierce County)	(253) 566-5020 Linda Finkas	7 hour 7 hour Independent Study	\$40 for 7 hour \$45 for video course	Offered by Tacoma Community College.
Vancouver	(360) 992-2939 Press Option One	2 hour 4 hour 7 hour	\$30 for 2 hour \$50 for 4 hour \$60 for 7 hour	Offered by Clark College Continuing Education Program. Take home program that offers discounts for 2 or more students.
Walla Walla	(509) 527-4330	7 hour	\$45 for 7 hour	Offered quarterly by Walla Walla Community College.
Wenatchee	(509) 664-3475	4 hour 7 hour	\$20 for 4 hour \$35 for 7 hour	Central Washington Hospital
Whitman County (Colfax)	(509) 397-6280	4 hour Video Course 7 hour Video Course	\$25 handling fee for tapes	Offered by the Whitman County Health Department.
Whitman County (Pullman)	(509) 332-6752	4 hour Video Course 7 hour Video Course	\$25 handling fee for tapes	Offered by the Whitman County Health Department.
White Salmon (Klickitat County)	(509) 493-1101	2 hour, 4 hour, 7 hour and other First Aid classes	\$25 for 2 hour \$30 for 4 hour \$50 for 7 hour	Offered by Skyline Hospital.
Yakima	(509) 248-3628	7 hour	\$50 for 7 hour	Offered by Planned Parenthood of Central Washington.
Yakima	(509) 457-1690	2 hour	\$20 for 2 hour	Offered by the American Red Cross.
Yakima	(509) 853-2034 or 1-877-620-6202 http://www.fas-training.biz/	4 hour 7 hour and other First Aid classes	\$40 for 4 hour \$55 for 7 hour	Offered by First Aids & Safety Training.

HIV/AIDS TRAININGS TO MEET STATE LICENSING REQUIREMENTS, STATEWIDE

Location	Phone Number	2, 4 or 7 hour Courses	Cost	Other Details
Statewide	(206) 784-5655 http://www.healthinfonetWORK.org/	HIV/AIDS 7-hour Video Course	\$250	Offered by Health Information Network. Designed to assist health care facilities meet Washington State Licensing requirements.
Statewide	(206) 543-1047	HIV/AIDS Training Audiotape Course	\$95 for 7 hour	Offered by U of W School of Nursing. Designed to assist health care facilities to meet WA State requirements.
Statewide	(425) 564-2012 www.bcc.ctc.edu	HIV/AIDS Self Study Program \$100 Refundable Deposit	\$60 for 4 hour * \$80 for 7 our *includes mailing	Offered by Bellevue Com. College Continuing Nursing Education and Health Information Network.
Statewide	(206) 320-9822	2 hour 4 hour 7 hour	\$30 for 2 hour \$45 for 4 hour \$65 for 7 hour	Offered by the Empowerment Institute. Course may be offered at your site.
Statewide Internet Classes	(707) 937-0518 www.nursingceu.com	2 hour 4 hour 7 hour	\$20 for 2 hour \$40 for 4 hour \$70 for 7 hour	Washington State HIV/AIDS internet course offered by Wild Iris Medical Education.
Statewide Internet Classes	1-800-346-4915 www.classesonline4u.com	2 hour 4 hour 7 hour	\$20 for 2 hour \$40 for 4 hour \$70 for 7 hour	Online course offered by Prevention MD. 2 hour course offered in Spanish.
Statewide Internet Classes	(509) 628-1317 Kathleen Hayes www.designerwebsite solutions.com	4 hour 2 hour	\$40 for 4 hour \$20 for 2 hour	Online course offered by Designer Website Solutions.

HIV Prevention Counseling and Testing Training Schedule for 2004-05

These one-, two- and three-day courses will assist health care providers and others develop necessary skills for providing pre- and post-test counseling for HIV testing, as required by Washington State law.

These courses are not intended for the general public.

Region	Trainer	Course Dates	
One (Spokane)	Christopher Zilar (509) 324-1542 The cost varies according to length of class.	Sept. 13-15, 2005	(3 day)
Two (Yakima)	Deborah Severtson-Coffin (509) 454-3322 The cost for the 2-day class is \$85.	Aug. 16-17, 2005 Oct. 27-28, 2005	(2 day) (2 day)
Three (Everett)	Eric Hatzenbuehler Jordan Bower (425) 339-5275	Sept. 12-13, 2005 Nov. 28-30, 2005	(2 day) (3 day)
Four (Seattle)	Robert Marks and Mark Alstead (206) 296-4649 or e-mail to: diane.ferrero@metrokc.gov The cost for the 2-day class is \$125. The cost for the 3-day class is \$175.	Oct. 18-19, 2005 Sep. 27-29, 2005	(2 day) (3 day)
Five (Tacoma)	Kim Ingram and Moni Muraki (253) 798-2939 The cost varies according to length of class.	Oct. 26-28, 2005	(3-day)
Six (Vancouver)	Beth McGinnis (360) 397-8111	Oct. 26-28, 2005	(3 day)

Calendar



August 9, 2005

A CDC webcast presentation of “HPV and Cervical Cancer: An Update on Prevention Strategies” will be available <http://www.phppo.cdc.gov/PHTN/webcast/HPV-05> on August 9th, 2005 from 10:00 am to 1:00 pm pacific time. This viewing will include the possibility of e-mailing questions to the presenters. The webcast will provide viewers with an update on the use of new tests and different approaches to cervical cancer screening, counseling, and prevention. The webcast will also be available at the same address after August 9, 2005.

August 19, 2005

Washington Department of Health Medical Monitoring Project (MMP) is a surveillance project to produce data about met and unmet needs for HIV care and prevention services in order to evaluate these services and direct future resources for HIV-infected patients. To learn more about or to be a part of the planning process, please attend our MMP Advisory Board meeting August 15th from 12pm-2pm at the Holiday Inn at SeaTac, 17338 International Boulevard, Seattle, WA 98188, (206) 248-1000. For more information about MMP, please go to page 19 of the *Washington State Responds* newsletter, or contact Maria Courogen at (360) 236-3458.

August 19, 2005

National Association of People with AIDS (NAPWA) has organized Staying Alive 2005: Positive Leadership Summit in Los Angeles, CA. This national conference, specifically by and for people living with HIV/AIDS, covers diverse topics including: up-to-date information about treatment and care, organizing for social change, intimacy, relationships and worldwide AIDS challenges. For more information, call Danielle Kilcup at (240)-247-1017 or e-mail stayingalive@napwa.org.

August 25, 2005

Basic STD Lab Skills- This 1-day workshop focuses on the handling, performing, and interpreting of basic lab tests, including wet mount and Gram stain, used in the diagnosis of various STD-related syndromes such as vaginitis and urethritis. Instruction is provided through a combination of lecture, class discussion, and microscopy practice. It is designed for the laboratorian or health care provider new to microscopy or in need of review of basic techniques. This course is held at the Washington State Public Health Laboratory, in Seattle. There is a \$150 registration fee for this course. Please contact Ronnie Staats for more information at: rstaats@u.washington.edu.

August 26, 2005

Venipuncture Techniques- This 1-day course instructs students in the basics of blood drawing techniques, including tourniquet tying, finding and preparing a suitable vein, appropriate blood tube uses, proper materials disposal and safety issues. The class is taught through lecture and hands-on practice on both simulated models and other course participants (not mandatory), and is designed for health care workers serving high-risk populations. This course is held at the Washington State Public Health Laboratory in Seattle. There is a \$150 registration fee for this course. Contact www.seattlestdhivptc.org or (206)-685-9850 for details

September 10, 2005



AIDS Walk



The **Pierce County AIDS Walk** is an annual benefit walk that brings together over a thousand people to raise money to help prevent the spread of HIV infection and provide direct client care services for those living with the disease. No other event in the Pierce County community brings together such a wide span of supporters with the common goal of reducing the spread of HIV infection. The walk route will start and finish at the University of Washington-Tacoma campus on Saturday, September 10, 2005; then travel down Pacific Avenue (with a chance to tour the AIDS Foundation office), crossing to the Thea Foss waterway walk, and cross the Chihuly Glass Bridge. On all matters relating to the AIDS Walk, please contact Rus Batten by telephone at 383-2565, ext. 209 or e-mail RBatten@PierceCountyAIDS.org.

For the first time, **LifeLong AIDS Alliance's 19th Annual AIDS WALK** will be on Capitol Hill, starting and ending at Volunteer Park with a loop through the neighborhood and along Broadway on September 10. Help raise \$600,000 to go directly to fighting HIV/AIDS right here in the community. Visit www.llaa.org to register and contribute!

September 15, 2005

The first **Treatment and Management of HIV Infection in the United States** Conference will be held in Atlanta, GA, September 15-18. More than 2,000 care providers and frontline clinicians are expected to attend. The conference goal is to translate the latest developments in HIV clinical science into the delivery of medical care for persons living with HIV. The conference is being organized by a collaboration of 10 federal agencies including the HRSA, CDC and NIH Office of AIDS Research. Conference topics include: initial treatment for HIV infection; treatment strategies for late HIV infection; challenges to identifying and retaining patients in care; comprehensive care and management; challenges to prevention; and, associated infections and malignancies. Visit the website at: <http://www.ushivconference.org/>.

September 17, 2005

The **Fiestas Patrias Celebration** will take place at the South Park Community Center, in Seattle. This Celebration brings people of diverse Hispanic backgrounds to celebrate the independence of their country. Past attendees included people of Mexican, Peruvian, Chilean, Puerto Rican, Venezuelan, and other Latin American descents. Entre Hermanos from PO-CAAN will be offering **Rapid HIV counseling and testing**.

December 1, 2005

Semana Binacional de Salud (SBS) is a bi-national effort between the Mexican government and at least 40 U.S. states which focuses on outreach to the Mexican immigrant community. This annual weeklong series of health promotion and education activities provides immigrant and migrant workers and their families with medical screenings, healthcare referrals, treatment services, and prevention education. This year the Mexican Consulate has asked Sea Mar Community Health Centers to take the lead in Washington State. The SBS will take place October 11-16, 2005. **Rapid HIV counseling and testing** will be offered at the Mexican Consulate at 2132 3rd Avenue, Seattle, Washington, on October 14, from 8 am to 12 pm. The SBS inaugural event will take place in Chicago, Illinois, along with the "Binational Policy Forum on Migration and Health". The closing event will take place in Zacatecas, Mexico.

December 1, 2005

World AIDS Day is a day of action on HIV and AIDS, held annually on December 1, and supported by year round campaign activity. The 2005 theme is **'Stop AIDS. Keep the Promise'**. The goal of the campaign is to help create an effective and sustained response to the AIDS epidemic through national and international partnership. Public awareness of past policy commitments and promises on AIDS is crucial to the success of the campaign; in particular, awareness of the Declaration

of Commitment on HIV/AIDS. These are the policy commitments for which the campaign aims to hold governments accountable. To learn more, please go to:

<http://www.hpvpi.org.yu/new/WAC%20Overview%20note%202005.pdf#search='world%20aids%20day%202005%20stop%20aids%20keep%20the%20promise'>.

In **Pierce County**, the **World AIDS Day event** includes music, entertainment and the voices of people living with HIV/AIDS; the event also celebrates the efforts to combat the global AIDS epidemic.

World AIDS Day Luncheon benefiting AIDS Housing of Washington will be held at Seattle's Westin Hotel on Thursday, December 1, 2005 from 11:30 am-1:00 pm. Contact Maria Zazychi at (206) 322-9444 or email Maria@aidshousing.org.



Volunteer Opportunities



Volunteers are needed as one-on-one mentors, summer camp counselors and camp program staff. **Rise n' Shine's** service area includes children and teens affected by HIV and AIDS living in King, Pierce, Snohomish and other Puget Sound counties. Stable, compassionate and giving individuals are needed to volunteer with this special group of children. The next new volunteer training is scheduled for November 5th and 6th. For a volunteer application and information, please contact Danica Smith at (206) 628-8949 ext. 210, e-mail Danica@risenshine.org or visit www.risenshine.org.

Multifaith Works AIDS CareTeam Volunteer Training takes place on Saturday, October 8th, 2005, 8:30 a.m. to 4:45 p.m., at Mount Zion Baptist Church, 1634 19th Avenue, Seattle. This training is for people interested in becoming HIV/AIDS volunteers as members of congregation-based AIDS CareTeams. Through their caring attitudes, AIDS CareTeam members encourage empowerment, acceptance and hope. Further information, please call 206.324.1520 x233 or e-mail careteams@multifaith.org.

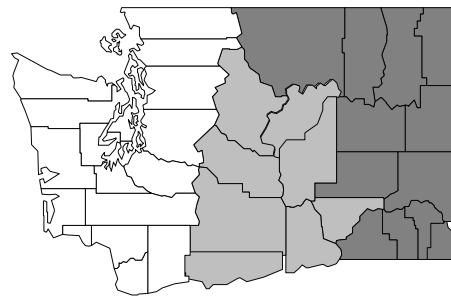
Shanti Volunteer Training is on November 5th, 6th, 12th and 13th, 2005. Volunteers provide one-to-one, nonjudgmental emotional support to people living with HIV/AIDS, cancer, MS, and other life-threatening illnesses. The Shanti training and volunteer experience has been described as life-changing for many volunteers. For more information, please call (206) 324-1520 ext. 3 or e-mail shanti@multifaith.org.

BABES Network YWCA is a peer-support program, a sisterhood of women facing HIV together. BABES Network provides peer support, advocacy, education, and outreach to meet needs and enhance the quality of life for women facing HIV. Volunteers are always needed in: childcare; computer training/technical assistance; executive assistant; fundraising/donation letter writing; office assistance/reception/maintenance; and, Spanish translation. This is a non-profit organization. Visit Babes Network at: <http://www.babesnetwork.org/>.

REGIONS 1 & 2

Region One (dark area) includes Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla and Whitman Counties. The Region One AIDSNET Office is in Spokane and the Coordinator is Barry Hilt at (509) 324-1551.

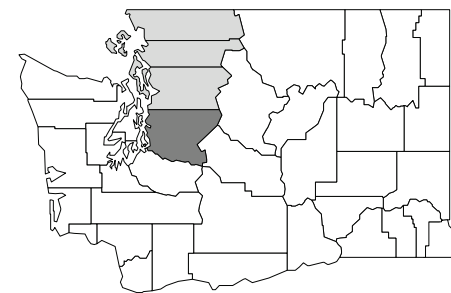
Region Two (gray area) includes Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat and Yakima Counties. The Region Two AIDSNET office is in Yakima and the Coordinator is Wendy Doescher at (509) 249-6503.



REGIONS 3 & 4

Region 3 (gray area) includes Island, San Juan, Skagit, Snohomish and Whatcom Counties. The Region 3 AIDSNET office is in Everett and the Coordinator is Alex Whitehouse at (425) 339-5211.

Region 4 (dark area) is King County. The Region 4 AIDSNET office is in Seattle and the Coordinator is Barbara Gamble, who can be reached at (206) 205-0937.



TRANSITIONS

Region 3 AIDS Service Network hired **Pamela Spence** as the new part-time Program Specialist. She succeeds Samantha Bowley in the office/program support position. Pam will be provided an orientation to the job over the next few months. The groups and individuals worked with around the region and state will find Pam to be a comfortable fit, and well qualified for the duties of the job.

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**Snohomish Health District** proudly announces the June 1 appointment of **Brenda Newell, MSW**, to the position of HIV/STD/Hepatitis C Prevention Program Manager. Brenda joined the Health District in 2000 as a Health Educator, working collaboratively with community partners and providers to ensure HIV/AIDS prevention, education and support for high-risk populations and youth. In 2002 she was selected Region 3 Educator of the Year. Prior to her position at Snohomish Health District, Brenda worked extensively in counseling and crisis intervention for children and families. Her volunteer work includes community education about at-risk youth, and participation in the Safe Schools Coalition.

## ANNOUNCEMENTS

**Harvey Muggy** and **Donald Lothian** gifted **LifeLong AIDS Alliance (LLAA)** a posthumous bequest of \$1.3 million. Muggy was a pioneer and coalition builder in the gay-rights movement in Seattle and the first openly gay person in Seattle to run for public office. Lothian was an astute businessman and an advocate for gay rights. Lifelong AIDS Alliance provides housing, food and health insurance for King County residents living with HIV/AIDS; it also provides AIDS-prevention education and advocates for people with HIV/AIDS. LLAA is the largest AIDS-service provider in the region. Harvey and Donald's gift will help sustain LLAA's capacity to provide practical support services and advocacy for King County.

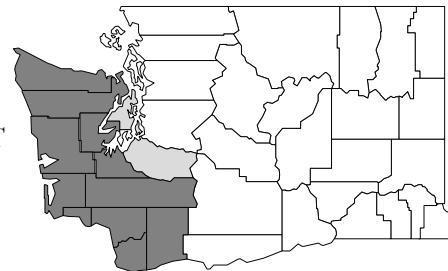
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Health Information Network continues to provide live **HIV/AIDS courses** for child and health care providers. The 2004 HIV/AIDS video kit is in use in 175 facilities statewide, and there is a free preview for the kit at www.healthinfonetwork.org. The online version will feature video and audio with access to Power Point outlines that accompany most of the topics.

REGIONS 5 & 6

Region 5 (gray area) includes Kitsap and Pierce Counties. The Region 5 AIDSNET office is in Tacoma and the Coordinator is Mary Saffold at (253) 798-4791.

Region 6 (dark area) includes Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties. The Region 6 AIDSNET office is in Vancouver and the coordinator is David Heal at (360) 397-8086.



ANNOUNCEMENTS

Pierce County AIDS Foundation (PCAF) has an ongoing **Recovery Support Group for HIV Positives** from 1:00-2:30 p.m. on Mondays in the Group Room. Barbara McHenry, HASAP Chemical Dependency Counselor, facilitates the group. Interested clients can contact their case manager or Barbara at (253)-798-2941.

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**OUTKITSAP (OK)** is an agency in Hansville, Washington. Their mission is to *promote the health and social welfare of the Gay, Lesbian, Bisexual and Transgender (GLBT) communities of Kitsap County through building community, fostering communication and nurturing self-esteem.* OUTKITSAP'S Board of Directors recruitment cycle changed; there is current recruitment to bring on board members in order for new members to participate in the OK Strategic Planning Process. The board and staff of OK have spent the last few months putting a plan in place that focuses on the mission of OK and will increase program, event, and volunteer participation.

Hope Harris has joined OK as Program Manager; Hope comes with eight years of experience in building youth programs. She developed two award winning programs in Kitsap County; an after-school program for low-income youth and a teen leadership program for at-risk young people. Hope will be responsible for the Youth Drop-in Center Program, the HIV/AIDS Education and Prevention Program, the Healthy Relationships Program and other programs that OK may add in the future.

Matt Williams has assumed responsibility for advertising management and sales for *OUTLINES* and the *OK Guide*. Matt's experience in marketing and sales will contribute to the goal of

supporting *OUTLINES* with advertising revenue as a way to publish monthly and increase editorial content.. Contact Matt at 253-851-5771 for placing advertisements in *OUTLINES* or being included in the *OK Guide*.

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PowerON (Prevention Organizations With Empowerment Resources On the Net) is a

comprehensive HIV prevention web site out of Tacoma, Washington, that serves men who have sex with men (MSM). This web site is a virtual HIV/AIDS education center, providing education, referral information, instruction, entertainment, and prevention support.

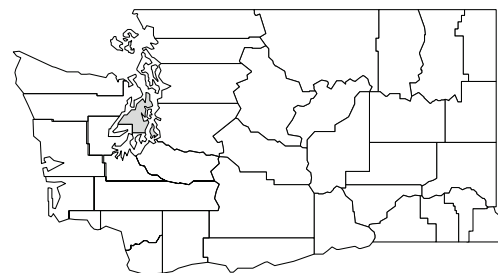
This community-developed project provides a health resource guide that gay, bisexual, transgender and questioning men can use to gather information on health concerns and prevention issues, 24 hours a day.

The internet allows members of the community greater access to information by decreasing barriers of time, distance, privacy, and social status through the formation of a virtual health web site.

PowerON is promoted through the use of volunteers that go into the community and share their experiences using the information found on the web site. Volunteers are always needed to help in a variety of ways, from promoting the web site by chatting online to staffing booths at community events. Join the new web group <http://groups.yahoo.com/group/powerontacoma> or call Charles at 253-798-3506 for more information.

STATEWIDE NEWS

ANNOUNCEMENTS



REVISED RULES FOR HIV COUNSELING AND TESTING

Washington State Board of Health has revised rules for HIV counseling and testing. These revised rules were effective June 18, 2005. These new rules address: consent for testing; pre-test counseling; post-test counseling; notification of sexual and/or needle-sharing partners; testing of persons who have another STD; additional counseling for persons with HIV; and rapid testing information.

One policy goal of the rule changes was to promote more HIV testing by primary care providers as part of routine primary care.

A second policy goal was to expand the local health jurisdiction's role in HIV partner notification and maintenance of records. This has been accomplished through:

- Requiring contact with the principal health care provider to determine the best means and the necessity of conducting a partner notification case investigation within seven days of receipt of a report indicative of a previously unreported case of HIV infection;
- Authorizing follow-up with the principal health care provider to determine partner notification outcomes if the principal health care provider accepts responsibility for notifying partners; and
- Permitting retention of partner notification records when such documentation is being used in an active investigation of conduct endangering the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024.

The rule changes, including additions and deletions can be found at:

http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/HIV_Policy_Review.htm

The following "Questions and Answers About HIV Rules" explore some of the HIV policy changes.

QUESTIONS AND ANSWERS ABOUT REVISED HIV RULES

ON TESTING, COUNSELING, PARTNER NOTIFICATION AND RELATED SUBJECTS

(Effective June 18, 2005)

What purpose did the State Board of Health expect to achieve with these rule changes?

The revised rules are intended to accomplish two purposes:

- to increase the proportion of HIV-infected persons who know their HIV status; and
- to increase the proportion of persons exposed to HIV who are informed of that exposure.

What are the requirements for obtaining patient informed consent for HIV testing?

The rules clarify the past state policy that consent for HIV testing must be obtained, and the patient's consent may either be verbal or written.

The new rules eliminate language requiring "separate" informed consent for HIV testing; however, before HIV testing is performed, patients must be explicitly told that this test is recommended and agree to HIV testing.

Receipt of consent for HIV testing must be documented.

This may be in the person's regular medical record, in another record of services provided, or by written consent.

(WAC 246-100-207)

What information must be provided to a patient prior to testing for HIV?

Unless a person has been previously tested for HIV and declines receipt of information, all persons to be tested for HIV should be informed about:

- The benefits of learning HIV status and the potential dangers of the disease;
- The ways in which HIV is transmitted and ways in which it can be prevented;
- The meaning of HIV test results and the importance of obtaining test results; and
- As appropriate, the availability of anonymous HIV testing and the differences between anonymous testing and confidential testing. (WAC 246-100-207). For example, anonymous testing may not be a medically appropriate option for a patient presenting with signs or symptoms of HIV infection.

The Department of Health is in the process of developing sample materials to meet this requirement.

When available, a notice will be posted on the HIV website:

http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/HIV_Policy_Review.htm

How have HIV pre-test counseling requirements been changed?

Any person requesting pre-test counseling and any person defined as at increased risk for HIV by the Centers for Disease Control and Prevention should be offered or referred for pre-test counseling. A person who declines pre-test counseling may not be denied HIV testing. (WAC 246-100-207)

The detailed and prescriptive Board rules for the content of pre-test counseling that were instituted over 15 years ago have been eliminated. The new rule references the Centers for Disease Control and Prevention's *Revised Guidelines for HIV Counseling, November 2001* for guidance. (WAC 246-100-209)

The revised rules require a "client-centered" approach, meaning:

- Counseling must be based on an assessment of the individual patient's risk;

- The counselor should help the client set realistic behavior change goals that would reduce the risk of transmitting or acquiring HIV; and

The counselor should create opportunities to build appropriate risk reduction skills. (WAC 246-100-209)

CDC's *Revised Guidelines for HIV Counseling, November 2001* can be obtained at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>

Under what circumstances should HIV post-test counseling be provided? For whom?

All persons tested for HIV should be offered an opportunity to receive post-test counseling. If the individual to be counseled tests positive for HIV infection, post-test counseling must be provided or arranged. (WAC 246-100-209)

What if a person who tested positive for HIV infection fails to return for the test results?

In the event that an individual has a confidential test and tests positive, but fails to return for post-test counseling, the health care provider must provide the name of the individual and any known information that could help locate the individual to the local health officer. The health officer will follow up to assure that post-test counseling and partner notification assistance is provided. (WAC 246-100-207)

What changes were made to the rules regarding notification of sexual or needle-sharing partners of persons with HIV?

The rules allow the local health official to directly contact a person newly reported with HIV infection for the purpose of offering partner notification assistance after consultation with the principal health care provider. (WAC 246-100-072)

May a principal health care provider take responsibility for partner notification?

The principal health care provider may take responsibility for partner notification based on a consultation with the local health officer. (WAC 246-100-072)

Providers accepting partner notification responsibility must assure these efforts are carried out as described in WAC 246-100-072.

Are there guidelines or guidance that must be followed in the provision of partner notification services?

Whether performed by the local health official or the principal health care provider, partner notification services should be provided in accordance with HIV Partner Counseling and Referral Services Guidance as published by the Centers for Disease Control and Prevention, December 1998. (WAC 246-100-072)

The guidance is available at: <http://www.cdc.gov/hiv/pubs/pcrs.htm>

Are there HIV testing requirements for a person being diagnosed with another sexually transmitted disease (STD)?

Principal health care providers are required to offer and encourage HIV testing for a person being diagnosed with a new STD. The patient is not required to accept HIV testing. (WAC 246-100-208)

Does a person previously diagnosed with HIV infection require additional counseling?

A health care provider is required to provide additional prevention counseling for a person with HIV or other infectious STD as appropriate to the individual patient. (WAC 246-100-202)

A person previously diagnosed with HIV who subsequently contracts gonorrhea should be counseled on the need and the responsibility to take measures to prevent transmission of HIV. Further prevention counseling on sexual risk would not usually be appropriate for a person who is sexually abstinent.

What are the new requirements regarding rapid HIV testing?

Unconfirmed reactive results of an FDA-approved rapid test result must be interpreted as a preliminary positive and the patient must be informed that confirmatory testing is necessary.

The meaning of a reactive screening test result must be explained to the patient in simple terms. For example, a negative rapid test result indicates that the person does not have detectable antibodies; however, the person may have been infected too recently for antibody levels to have become detectable.

The importance of taking precautions to prevent transmitting HIV infection to others while awaiting results of confirmatory testing should be stressed to the patient with a reactive screening result. (WAC 246-100-207)

How will the Board know if the rule changes were effective in achieving the intended purpose?

The Board has asked the Department of Health to provide a report on the impact of these rule changes about one year after the effective date of the revised rules.

For more information, contact John Peppert at the Washington State Department of Health at 360-236-3427

DOH HIV/AIDS ASSESSMENT UNIT:

HIV INCIDENCE SURVEILLANCE AND THE MEDICAL MONITORING PROJECT

1) HIV INCIDENCE SURVEILLANCE

Background

The Centers for Disease Control and Prevention (CDC) is responsible for maintaining a national surveillance system that provides data on the HIV/AIDS epidemic to be used for national, state, and local public health HIV/AIDS prevention planning and evaluation. Although AIDS data have been of great value, they do not represent the entire population affected by the HIV epidemic. Unlike AIDS data, HIV data provide a window into the epidemic at an earlier stage of disease, thereby allowing public health officials to more effectively and completely monitor the epidemic, allocate resources, and plan and implement programs. The incidence of HIV infection in the United

States (that is, the number of individuals recently infected and diagnosed with HIV) has not been measured. However, new serologic testing methods may distinguish between recent and long-standing HIV infection and these methods, incorporated into HIV Incidence Surveillance (HIS), should allow for the creation of a national HIV surveillance system. Thirty-four sites are currently funded for HIV Incidence Surveillance. Washington State is one of these sites.

What is HIS?

HIS stands for HIV Incidence Surveillance and it monitors HIV incidence (new infections) among people who test for HIV confidentially. HIS is an expanded HIV/AIDS Surveillance activity funded by CDC for estimating population-based HIV incidence. The activity includes testing a remnant sample of blood from a **first positive HIV test. Only persons testing positive for HIV infection confidentially are eligible for HIS.** Additional eligibility requirements for HIS in Washington State include:

- Diagnostic HIV test in Washington State
- Not previously reported with HIV

Where Are We Now?

Seattle/King County implemented HIS in King County's public health sector in April 2004 and began expanding to include private laboratories and providers in April 2005. Outside of King County, implementation of HIV Incidence Surveillance began in April 2005.

Ultimately, HIS will be integrated into routine laboratory HIV testing and reporting procedures. It is designed to have no effect on patient care and minimal effect on current HIV surveillance activities. The Washington State Department of Health will determine eligibility for participation. For more information about HIV Incidence Surveillance in Washington State, please contact Alexia Exarchos, Project Coordinator, at (253) 395-6730.

2) MEDICAL MONITORING PROJECT (MMP)

Background

HIV/AIDS surveillance programs function throughout the

United States to collect a core set of information on people diagnosed with HIV and AIDS. Supplemental surveillance projects have historically provided complementary information about clinical outcomes of HIV infection and behaviors of HIV-infected persons with respect to care seeking, utilization of care, and ongoing risk behaviors.

The HIV/AIDS epidemic has changed over time. In the past, HIV/AIDS cases were concentrated in large urban areas, primarily on the East and West coasts. Currently, a much larger number of cities and states are heavily impacted by the HIV/AIDS epidemic, limiting the utility of data collected from the few areas included in past projects. In addition, the lack of linked medical record and interview data has restricted the ability of these surveillance systems to make estimates of key indicators, such as quality of HIV-related ambulatory care and the severity of need for HIV-related care and services. Also, the ability to apply the results from past projects to the rest of the adult HIV-infected community in general, was limited. The Medical Monitoring Project (MMP) arose from a need for a nationally representative, population-based surveillance system to assess clinical outcomes, behaviors and the quality of HIV care. This project has funded twenty sites for a four year project period (2005-2008); Washington State is one of these sites.

Purpose

The primary objectives of MMP are to obtain data from a sample of HIV-infected persons receiving care in Washington State in order to:

- 1) Describe HIV care and support services being received and the quality of such services
- 2) Describe the occurrence of co-morbidities related to HIV disease
- 3) Determine prevalence of ongoing risk behaviors and access to and use of prevention services among persons living with HIV
- 4) Identify met and unmet needs for HIV care and prevention services in order to inform community and care

planning groups, health care providers and other stakeholders

Collection of data from interviews with HIV-infected patients will provide information on behaviors that may facilitate HIV transmission: patients' access to, use of, and barriers to HIV-related prevention services; utilization of HIV-related medical services; and adherence to drug regimens. In combination with data collected from the abstraction of medical records, MMP will also provide information on clinical conditions that occur in HIV-infected persons as a result of: their disease; medications; HIV care and support services; and, quality of these services. **Ultimately, this surveillance project will produce data about met and unmet needs for HIV care and prevention services which can be used to evaluate these services and direct future resources for HIV-infected patients.**

Project Plan

A consistent method will be used to collect data from a sample of adults receiving care for HIV/AIDS. The method involves a selection of patients currently receiving care using a three-stage sampling design, in-person interview of eligible patients, and abstraction of their HIV-related medical records.

The project design will allow for state and regional estimates of certain characteristics that can be applied to the entire population of HIV-infected adults in care for HIV in Washington State, as well as allow prevention and care programs in different parts of the state to tailor their HIV/AIDS resources to the needs of their community. Washington State Department of Health has a strong history of successfully collaborating with medical providers, case managers, and their patients on projects involving both patient interview and medical record abstraction. We will need to build on these successes to ensure the high participation rates required for this project.

Stage 1: Because the overall goal is to obtain a national

sample of adults in care for HIV infection in the U. S., all 50 states were considered eligible to participate. Sampling was used from the total number of persons living with AIDS (reported to the national HIV/AIDS Reporting System (HARS) at the end of 2002. Twenty sites were selected at the first stage of sampling. Washington State was one of these sites.

Stage 2: WA facilities currently providing medical care for HIV-infected adults will be sampled. DOH will determine, in consultation with CDC, the number of facilities to be sampled; most likely, 20 to 40 facilities will be sampled each year. The goal is to obtain participation from all sampled facilities.

Stage 3: Within each participating facility, patients will be randomly sampled for inclusion from lists of those seen during a specified time period. At each selected facility, all patients who meet the following conditions are eligible for inclusion: (1) the patient has a diagnosis of HIV infection, with or without AIDS-defining conditions; (2) the patient is at least 18 years old at the beginning of the time period; and (3) the patient received medical care (defined as any visit to the facility or prescription of medications, including refill authorizations, and/or, a CD4 or viral load test). Patient lists will not include any identifiable information. Once patients are randomly selected, DOH will work closely with their providers and case managers/nurses, to contact those selected for interview. DOH will not contact patients directly unless a provider prefers.

Patient Participation

Once selected, patients will be contacted to be interviewed; then, their medical record will be abstracted. Interviews will be held at a setting of the patient's choice. For example, before/after a routine care visit at the facility or outside of a routine visit (at patient's home). Patients will be reimbursed \$25 for their time. DOH has a long history of upholding patient confidentiality and security and will continue to be diligent about confidentiality for this project as well.

To learn more about MMP or to be a part of the planning process, please attend our MMP Advisory Board meeting August 15th from 12-2pm at the Holiday Inn at SeaTac, 17338 International Boulevard, Seattle, WA 98188, (206) 248-1000.

For more information about MMP, please contact, Maria Courogen at (360) 236-3458.

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On June 23 & 24, 2005 the **Partnership for Health Train-the-Trainer** was held in SeaTac. Partnership for Health is a CDC-approved method for addressing HIV Prevention messaging in care settings such as case management and medical provider offices. This course was taught by the Partnership for Health trainers from the University of Southern California, Maggie Hawkins and Jony Weiss. The course was sponsored by DOH, Region 1, Region 2, and Region 6. Attendees were:

DOH - Frank Hayes & Monique Ossa

Region 1 - John Arven (Spokane Health District) & Diane Marr-Longmire (Blue Mt. Heart-to-Heart);

Region 2 - David Miller (Yakima Health District), Melissa Baughman (Benton-Franklin Health District) & Carlos Contreras (Yakima Health District)

Region 3 - Lisa Shoemaker (Whatcom County Health District) & Janet Ballard (Snohomish County Health District)

Region 4 - Dennis Torres (University of Washington/Madison Clinic)

Region 6 - Beth McGinnis (Region 6 AIDSNet) & Ben Johnson (Mason County Health Department)

Group Health Cooperative - Steve Carzasty

Seattle AIDS Education and Training Center - Robert Carroll

Be on the look out for more information about this new strategy! Questions about Partnership for Health should be addressed to Beth McGinnis, Training Coordinator, Region 6 AIDSNET (360)-397-8111.

## STATE PLANNING GROUP

The State Planning Group (SPG) is scheduled to meet the 4<sup>th</sup> Thursday of the month from 9:00 A.M. to 2:30 P.M. in SeaTac, Washington. **For confirmation of dates and times, please check with Harla Eichenberger at (360) 236-3424 or visit: [http://www.doh.wa.gov/cfh/HIV\\_AIDS/Prev\\_Edu/HIV\\_Community\\_Planning.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/HIV_Community_Planning.htm).**

## COMMUNITY PLANNING

The six **AIDSNET Regions** continue to coordinate the local planning process through meetings of the Regional Planning Groups (RPGs). This process absolutely requires input and participation from members of the community infected and affected by this epidemic. Are you willing to become one of the voices that support effective prevention efforts? If so, please contact your local Regional Coordinator or DOH contact in the list below, for more information.

Barry Hilt - Region 1 AIDSNET (Spokane) – (509) 324-1551

Wendy Doescher – Region 2 AIDSNET (Yakima) – (509) 249-6503

Alex Whitehouse – Region 3 AIDSNET (Everett) – (425) 339-5211

Barb Gamble – Region 4 AIDSNET (Seattle) – (206) 205-0937

Mary Saffold – Region 5 AIDSNET (Tacoma) – (253) 798-4791

David Heal – Region 6 AIDSNET (Vancouver) – (360) 397-8086

Brown McDonald – State Planning Group (SPG) – (360) 236-3421

# HIV Prevention Focus

## Interventions that Work: Theories Explaining African American Behaviors

By Frank E. Hayes; DOH HIV Prevention and Education Services

### INTRODUCTION

Workers involved in HIV prevention activities understand that effective interventions are necessary to facilitate reducing risky behavior. Changing risky behavior will ultimately decrease the number of people who become infected with HIV. Effective interventions are well thought out activities which are based on a theory or model. A few of the more familiar theories/models are: theory of reasoned action; social learning theory; transtheoretical model (stages of change); AIDS risk reduction model (ARRM); and, the social cognitive theory.

In May 2005, I attended a training in Spokane titled “*Capacity Building Assistance for Effective Prevention Interventions for African-Americans*”. The training was sponsored by the Spokane AIDS Network and presented by Mr. Orin Johnson, Capacity Building Assistance Project Coordinator for ETR Associates. The information presented in the next few pages was taken directly from the material he provided. The goal of the training was to give those in attendance knowledge and skills that would help them build on, or maintain, a more culturally competent organization. It is fully understood that an organization (including staff) which understands and strives to remain culturally competent increases their ability to provide effective culturally appropriate HIV prevention services to an African American community.

### CULTURAL COMPETENCY

When I say culturally competent, what do I mean? Culturally competent is: considering the values and beliefs of the client, the agency, and the staff when developing services and shaping organizational policies to validate the lived experiences of the clients receiving HIV prevention services.

Reaching cultural competency can be viewed as the steps of a ladder. The steps are: cultural knowledge, cultural awareness, cultural sensitivity, and cultural competence. Does decorating, having displays, sharing diverse foods, attending special classes, or participating in special ceremonies make you culturally competent? While it is important to accomplish these activities, doing so does not make you or your organization culturally competent. To be culturally competent, you and your agency must:

1. Value diversity – it be present in order to establish needed policies and procedures.
2. Have the capacity for cultural self-awareness – establish and understand your identity in order to develop and implement goals.
3. Be conscious of the dynamics inherent when cultures interact – consider how and where services are provided is critical.
4. Have institutionalized cultural knowledge – this must be present in all levels of the organization (president/CEO to outreach workers).
5. Adapt service delivery based on understanding of cultural diversity – programs must be delivered to reflect the cultures and traditions of the people being served.

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**THEORY/MODEL**

It is important to understand that an individual's identity matters. During the training, I was introduced to three theories/models which were foreign to me. They were: TRIOS Model, Nigrescence Theory, and the Co-Cultural Communication Theory and Model. You may be asking yourself *why are these three theories/models important?* and *what are they?* They are important because they provide components which may be related to an African American client's behavior. Characteristics of the models are outlined below.

**TRIOS: A MODEL OF COPING WITH THE UNIVERSAL CONTEXT OF RACISM**

James M. Jones derived the TRIOS (time, rhythm, improvisation, orally, and spiritually) model as an attempt to answer what psychological and cultural resources enabled African descendents to survive many hardships endured throughout history. This model stated the context of racism which people engage in is either chosen for self-protecting motivations or self-enhancing motivations. The table below illustrates this model.

| TRIOS DIMENSION                                                                                                                 | COPING MECHANISM                                                                                                          | EXPRESSED IDEALS                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TIME: personal perspective on the past, present, and future.                                                                    | Characterized by preference to the past and the present time orientation and not so much on the future.                   | "Life for me ain't been no crystal staircase..."<br>"I try to live one day at a time..."                                                         |
| RHYTHM: patterns of behavior in regard to time, flow, and movement.                                                             | Characterized by internal rhythmic processes and external properties like dance music, and syncopation.                   | "I like to get in synch with my surroundings."<br>"I try to go with the flow."                                                                   |
| IMPROVISATION: goal directed, creative problem solving under pressure.                                                          | Characterized by regaining control and a manner of creatively structuring person to person interaction.                   | "When something disrupts my goals I figure a way around it."<br>"I have a personal style that is all my                                          |
| ORALLY: preference for oral face-to-face communication, personal expression and the meaningful role of speech in human affairs. | Represented by the expression of meaning through the spoken word and songs in a social context.                           | "I deal with people straight-up and face to face."<br>"I feel my experiences are real when I tell someone."                                      |
| SPRITUALLY: belief in the value of a higher power & unknown forces that influence all living things including ones life.        | Characterized by the idea of power and forces beyond out human knowledge and experience act with us and impact our world. | "God helps me deal with my circumstances of life."<br>"Let Go and Let God."<br>"Everything that happens does not have to have a reason we under- |

### NIGRESCENCE: THE NEGRO-TO-BLACK CONVERGENCE

William E. Cross Jr. developed this model in 1971. When first presented, the model suggested that blacks moved through self-hating, self-healing and culturally affirming self concepts as their identity developed. However, research revealed that African Americans' self-esteem does not change much through the stages of Nigrescence; instead their worldviews, ideologies and value systems change. The 5 stages of Nigrescence are:

1. Pre-encounter – the importance of race is developed. The main focus is on membership in the other groups (e.g. sexual orientation, social class, religion).
2. Encounter – individuals encounter a shocking personal or social event that causes a challenge in their feeling about themselves and what they thought about the condition of black people in America.
3. Immersion-Emersion – individuals immerse themselves in blackness and feel liberated from whiteness; they have positive feelings toward all things associated with black people and a negative view of those things associated with white people.
4. Internalization – individuals learn to balance blackness and other personhood demands.
5. Internalized-Commitment – involves commitment to a plan of action and individuals start to live with the new self image they have developed.

### CO-CULTURAL COMMUNICATION THEORY & MODEL

Michael Orbe presented this information in 1998. The theoretical model focuses on the way disenfranchised individuals communicate with dominant societal structures (workplace, politics, or a CBO providing services). The theory suggests marginalized groups within a dominant society have common experiences and marginalized groups adopt communication behaviors in order to confront oppressive dominant structures to achieve some success within their environment.

To illustrate the communication strategies, Orbe's co-cultural model is depicted in a nine block grid. The X-axis represents communication approaches and the Y-axis represents the preferred outcomes.

|                          |              | PREFERRED OUTCOMES                                                                          |                                                                                    |                                                                                               |
|--------------------------|--------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                          |              | Separation                                                                                  | Accommodation                                                                      | Assimilation                                                                                  |
| COMMUNICATION APPROACHES | Nonassertive | Avoiding<br>Maintaining Interpersonal barriers                                              | Increasing visibility<br>Dispelling Stereotypes                                    | Enhancing Commonalities<br>Developing positive face<br>Censoring self<br>Averting controversy |
|                          | Assertive    | Communicating self<br>Intragroup network<br>Exemplifying strengths<br>Embracing stereotypes | Communicating self<br>Intragroup network<br>Utilizing liaisons<br>Educating others | Extensive preparation, over-compensating<br>Manipulating stereotypes<br>Bargaining            |
|                          | Aggressive   | Attacking<br>Sabotaging others                                                              | Confronting<br>Gaining advantage                                                   | Disassociating, mirroring<br>Strategic distancing<br>Ridiculing self                          |

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**HIV PREVENTION SIGNIFICANCE OF THE THEORIES/MODELS**

Understanding the theories/models outlined can be important in conducting your HIV prevention activities. Regardless of your priority population, it is important to know as much about reaching your population as possible. If you are working with African Americans, being familiar with the information provided may prove to be essential in your ability to communicate with them more effectively. A few of the significant ways the knowledge of these theories/models will be useful in your HIV prevention efforts with African Americans are:

- Understanding the aspects of these theories and being able to identify them, if they appear in your population, can assist you in your attempts to create and maintain a productive fruitful relationship with your African American population.
- Provide staff with a new way to look at “meeting the client where he or she may be” at any given point in time. This is important if you are providing client centered services.
- Provide information that may place staff one step closer to understanding the unique needs of the population when providing HIV prevention services.
- Provide suggestions that CBOs can use to structure effective HIV prevention services to African Americans.
- Provide staff with the ability to identify communication approaches when African American clients display them.
- Provide agencies and staff the tools necessary to assist in eliminating power differentials in the provision of HIV prevention interventions and services.

The information isn't intended to turn you into a behavioral scientist, make you an expert in that field, or imply that you must be an expert in scientific theory to provide effective HIV prevention services. The intent is to provide useful information to make you a more knowledgeable person, which may assist you and your agency to increase organizational effectiveness in reaching out to African Americans.

# Intervention in the Spotlight

**Intervention Type:** Individual-level Intervention

**Risk Transmission Category:** Men Who Have Sex with Men (MSM)

**Behavior Placing Them at Risk:** Unprotected Anal Intercourse (UAI)

**Setting:** Six US Cities (Metropolitan Areas)

**Study Title:** *“Effects of a behavioral intervention to reduce acquisition of HIV infection among men who have sex with men: the EXPLORE randomized controlled study”* Beryl Koblin, Margaret Chesney, and Thomas Coates. Lancet 2004; 364:41-50.

## **Article Description:**

### **INTERVENTION INTRODUCTION**

Men who have sex with men (MSM) account for the largest percent of new HIV infections: in 2004, that number was 44%. The need for a proven effective intervention to prevent HIV in MSM is reinforced by that data. A recent meta-analysis of behavior interventions for this group showed that interventions focused on interpersonal skills related to risk reduction can reduce self-reported episodes of unprotected anal intercourse (UAI). Other publications showed that interventions should address using alcohol and drugs, social norms that encourage risk taking, enjoyment of risk-related sexual behavior, and events which trigger risk taking.

### **STUDY DESIGN**

EXPLORE was a multi-site two arm randomized controlled intervention. This behavioral intervention was formulated to test preventing the acquisition of HIV among MSM. Until this trial, no behavioral intervention specifically for MSM had been tested in these conditions with this outcome measure. The intervention is composed of 10 one-on-one sessions and 8 follow-up sessions. The Institutional Review Board in each location reviewed and approved the intervention protocol. The EXPLORE intervention is based on multiple theoretical frameworks.

## **Recruitment**

The intervention was conducted in Boston, Chicago, Denver, New York City, San Francisco, and Seattle. Recruitment in those 6 cities started in January 1999 and was conducted until February 2001. The researchers amended the recruitment protocol in order to recruit the 4,350 MSM they desired to include in this study. Strategies for recruiting participants varied in the locations. Some of the strategies utilized were: advertising, street outreach (including clubs, bars, bathhouses, and sex clubs), referrals from other recruited participants, STD clinics, and mailings.

Through the recruitment process, a total of 4,862 MSM were recruited. Excluding those who either chose not to enroll in the study, tested HIV positive, or did not meet the eligibility criteria, 4,296 MSM participated in the study.

**ELIGIBILITY CRITERIA**

To be eligible for participation in the EXPLORE intervention volunteers had to meet the following:

- Male, 16 years old or older;
- Able and willing to sign an informed consent;
- HIV negative;
- Reported protected or unprotected anal intercourse with another man in the 12 months prior to enrollment;
- Available for the duration of the study;
- Willing and able to participate in all scheduled study activities and tests; and,
- Willing and able to provide adequate locating information

**INELIGIBILITY CONDITIONS**

Some of the conditions which made volunteers ineligible for participation were:

- In a mutual monogamous relationship for two or more years with an HIV negative male;
- Had psychological/psychiatric disorder;
- Have other conditions which would interfere with achievement of the study objectives (this was up to the principle investigator to make the call).
- Enrollment in any HIV vaccine trial including the AIDSVAX Phase III trial;
- Were enrolled in the HIVNET Protocol 015 Pilot Study; or
- Enrollment in the HIVNET Protocol 014.

**SCREENING PROCESS AND INTERVENTION/CONTROL ASSIGNMENT**

After individuals signed the informed consent, a trained interviewer collected demographic characteristics, STD history, and history of counseling and psychotherapy. Audio-computer-assisted self-interviewing (ACASI) was used to collect attitudes, depression, alcohol and drug use, and sexual behavior. Each MSM was given an HIV test.

Approximately two weeks after being screened, participants received the HIV test results. During post-test counseling, those MSM with positive test results were referred to medical and social services. MSM whose test did not show any HIV antibodies were asked to participate in the intervention. The EXPLORE Statistical Center generated sequences to randomly assign the HIV negative MSM to the control (standard) or intervention.

Results of the assignment were:

| Characteristics                           | Intervention | Control | Characteristics                                   | Intervention | Control |
|-------------------------------------------|--------------|---------|---------------------------------------------------|--------------|---------|
| Age (years)                               |              |         | Sexual Risk Behavior (# of female partners)       |              |         |
| 16-19                                     | 43           | 50      | 0                                                 | 2056         | 2058    |
| 20-25                                     | 359          | 362     | 1+                                                | 86           | 92      |
| 26-30                                     | 450          | 463     |                                                   |              |         |
| 31-35                                     | 458          | 452     | HIV+ male partner                                 | 595          | 620     |
| 36-40                                     | 376          | 379     | UAI                                               | 1442         | 1502    |
| >40                                       | 458          | 445     | UAI with serodiscordant or unknown status partner | 999          | 1049    |
| Race/ethnicity                            |              |         | Receptive anal sex                                | 1587         | 1597    |
| White                                     | 1559         | 1553    | UAI, receptive                                    | 1011         | 1031    |
| Latino                                    | 322          | 330     | Insertive anal sex                                | 1731         | 1760    |
| Black                                     | 131          | 150     |                                                   |              |         |
| Other                                     | 131          | 118     | UAI, insertive                                    | 1135         | 1206    |
| Sexual Risk Behavior (# of male partners) |              |         | Alcohol and drug use                              |              |         |
| 0                                         | 25           | 17      | Heavy alcohol use                                 | 234          | 219     |
| 1                                         | 142          | 164     | Non-injection drug use                            | 1392         | 1382    |
| 2- 5                                      | 678          | 704     | Popper use                                        | 807          | 760     |
| 6-9                                       | 393          | 357     | Injection drug use                                | 222          | 217     |
| > 10                                      | 904          | 908     |                                                   |              |         |

### CONTROL GROUP (STANDARD) AND INTERVENTION

Participants assigned to the control group (standard conditions) received counseling twice a year in risk reduction. The standard conditions were based on the CDC Project RESPECT. Project RESPECT is a one-on-one client focused HIV prevention counseling intervention. The intervention seeks to reduce high risk sexual behavior. This intervention is based on the Theory of Reasoned Action and the Social Cognitive Theory. If desired, you may view information about Project RESPECT by visiting: <http://www.cdc.gov/hiv/projects/rep/RESPECT.htm>.

The EXPLORE intervention is based on: information-motivation-behavior skills model, problem posing education, self-management and social learning theory, cognitive-behavioral therapy, and motivational enhancement. Participants assigned to the intervention received 10 core modules delivered within 4-6 months after they were assigned. After attending those original sessions, participants attended maintenance sessions every three months through the end of the study. The intervention was designed to address individual, interpersonal and situational-related factors associated with risk taking among MSM. The main purpose of the first three modules was to build rapport between the counselor and the participants. The remaining sessions covered a myriad of topics and situations. The 10 sessions were:

1. Being HIV Negative and Participating in EXPLORE;
2. Risk: What's Acceptable for Me;

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<http://www.doh.wa.gov/hiv.htm>

3. Crossing Acceptable Risk Limits;
4. Sexual Communication: Spoken and Unspoken Messages;
5. HIV Status and Sex: Exploring Ideas and Actions;
6. Sex, Drinking and Drugs;
7. External Influences: Places and Events as Triggers
8. Internal Influences: Feelings and Thoughts as Triggers
9. External Influences: Partner Triggers; and
10. Planning for Maintenance

The intervention and control conditions were conducted by counselors who received 40 hours of required training. All counselors were trained to deliver both the standard and the intervention. The several approaches used to ensure the fidelity of the intervention were: audio tape a random sampling of the sessions; scoring sessions on many specific items (quality assurance); assess the duration of the session (should be longer than the standard conditions); and, data on session scores were shared with the study site regularly.

Follow-up visits were scheduled every 6 weeks for participants of both groups. Each visit consisted of: behavioral survey, face to face interviews, ACASI technology collected sexual behavioral outcomes, and blood samples collected for HIV testing.

## OUTCOMES

The intervention was designed so that it would be declared beneficial if the statistical difference in the rate of HIV acquisition was significantly lowered for those MSM who attended the intervention group.

After adjusting site and baseline characteristics, the estimate odds ratio for the intervention group translated into 15.7% difference in the acquisition of HIV. The article reported that the fewer numbers of HIV infections in the intervention group were not statistically different in the intervention group versus the control group at the level of benefit targeted by the research team. The researchers designed the study to have a 1.55% incidence rate of HIV, but the results were 2.1%. However, analysis of the behavioral outcomes found that the intervention significantly affected the occurrence of high risk sexual behavior. The researchers felt the declines in HIV incidence and sexual risk may have been muted since participants in either group received considerable attention to remain involved in their respective group. More than “usual care” was provided for those in the standard conditions. The researchers felt that the intervention, as currently designed, should be further analyzed before it is distributed for widespread use.

Even though the study did not reach the level targeted by the researchers, there were some lessons learned:

- There continues to be a high incidence of HIV infection among MSM;
- There were declines in some risky behavior;
- It is possible to do large-scale behavioral interventions among MSM;
- The community participated and was interested in development, implementation, and dissemination of the study;
- The intervention provided lessons about recruiting large groups of high-risk MSM; and
- Retention rates of the behavioral study were ground breaking.

**CLOSING**

For those who prioritized MSM, you might want to keep an eye out for the further analysis of this intervention once it is completed and the intervention is distributed or recommended for use.

The intervention in the spotlight this month offers you a unique opportunity to get additional information from two sources. The contact for the original article is: Dr Beryl A. Koblin, Laboratory of Infectious Disease Prevention, New York Blood Center, 310 East 67<sup>th</sup> Street, New York, NY 10021. Dr. Konlin's email address is [bkoblin@nybloodcenter.org](mailto:bkoblin@nybloodcenter.org). You may also review the intervention and training manuals, protocol, outcome measures and intervention details by visiting: [www.explorestudy.org](http://www.explorestudy.org). This site also provides email information for the principle investigator and links to each study site. If you have questions or comments for me, I may be contacted by telephone at (360) 236-3486 or via email at [frank.hayes@doh.wa.gov](mailto:frank.hayes@doh.wa.gov).



# The STD Focus

By Bonnie Nickle; DOH STD Educational Resource Coordinator

## STD 101 FOR OUTREACH WORKERS

Translations of Simple STD Materials:

Washington State Responds Interviews Robert Taylor MD MPH

Director of the Health Awareness Connection

Here at the Washington State Department of Health we get many calls requesting sexually transmitted disease information in languages other than English. In particular, Russian was requested twice last week by outreach workers needing help with rural clinic clients with 5 years or less of schooling in their country of origin. With no funding for new translations, "Translations of simple STD information at the Health Awareness Connection" was the welcome tag line for one non-profit web site, <http://www.healthac.org/shortguides/shortguides.html>, so we called the site's originator, Dr. Robert Taylor MD, MPH in Brookline Massachusetts.

**Dr. Taylor, what are the languages you've worked with so far?**

There are 36 translations of simple STD material listed at the site and more would certainly be welcome.

- Akan/Asante-twi
- Arabic
- Assamese
- Bengali
- Chichewa - Malawi, Africa
- Chinese (simplified)
- Chinese (traditional)
- Dutch
- English
- French
- German
- Gujarati
- Hindi
- Hungarian
- Indonesian
- Kannad
- Korean
- Malayalam
- Marati
- Nepali
- Oriya
- Polish
- Portuguese (brazilian)
- Punjabi
- Russian
- Slovak
- Spanish
- Tamil
- Telgu
- Thai

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<http://www.doh.wa.gov/hiv.htm>

**So, what's your background? Why the interest in providing translations?**

Never mind the name. Actually, I'm a Puerto Rican from the Bronx (New York City). My grandfather was from Barbados and I spent time in Panama during an Army tour after graduating from City College in New York. "City" was a school with very high standards and essentially free admission for the poor at that time. My public health and medical degrees are from Harvard and my Spanish is still OK. I specialize in Internal Medicine and have worked in Boston area HIV/AIDS clinics.

I've been to Cuba five times, worked in clinics in Africa, and stopped by a college in Turkey when I visited that country. The Turkish students who attended the STD lecture helped with that translation. Basically what I do is give very simple STD lectures wherever I happen to be in the world. Sort of giving back for all that I've been given....

**When did you realize that there was a need for basic STD information in many languages?**

When I was an intern. There are lots of interesting people who are not science-educated. While their cultures fascinated me, at that time I needed to deal with their diseases in a fast-paced emergency room setting and I knew I needed really simple, fast facts to prevent re-infection and give the patients and (if I was lucky, a translator) some idea of what was going on. So, I began to think about collecting translations.

Now that I have the time and inclination to travel I conduct much longer interviews with students and patients away from clinical settings. Many people have helped with focus groups that validate the translations, but I consider this web site a 'work in progress' to be used and improved by your readers.

# Selected Readings

## HOW TO READ THE REFERENCES

Author(s), "Title," *Journal Name*, Date or Year; Volume (Number): Pages.

### KEY:

- |                                                             |                               |
|-------------------------------------------------------------|-------------------------------|
| * Popular Reading                                           | *** Medical Background Needed |
| ** Moderate Difficulty; Some Understanding Of Medical Terms | **** Technical Reading.       |

## HIV/AIDS

- \*\*\*\* Chiu Y-L., Soros V.B., Kreisberg J., and others. "Cellular APOBEC3G Restricts HIV-1 Infection in Resting CD4+ T Cells." *Nature*. Published online April 13, 2005 in Letters to Nature. If verified, this UCSF information on how HIV defeats immune system defenses may lead to new possibilities for drug development. [http://www.nature.com/cgi-taf/DynaPage.taf?file=/nature/journal/vaop/ncurrent/abs/nature03493\\_fs.html](http://www.nature.com/cgi-taf/DynaPage.taf?file=/nature/journal/vaop/ncurrent/abs/nature03493_fs.html).
- \*\*\*\* Kantor R., Katzenstein D.A., Efron B. and others. "Impact of HIV-1 Subtype and Antiretroviral Therapy on Protease and Reverse Transcriptase Genotype: Results of a Global Collaboration." *PLoS Medicine*. April 2005;1(1)<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0020112>. The Stanford and international researchers include a patient summary that may be of use to clinicians or translators attempting to explain current treatment information to patients who do not have HIV-1, subtype B.
- \*\*\*\* Wheat L.J., Musial C.E. and Jenny-Avital E. "Diagnosis and Management of Central Nervous System Histoplasmosis." *Clinical Infectious Diseases*. March 15, 2005;40(6):844-852. Includes treatment and salvage therapy ideas.
- \*\*\*\* Monie D., Simmonds R.P., Nettles R.E. and others. "A Novel Assay Allows Genotyping of the Latent Reservoir for Human Immunodeficiency Virus Type 1 in the Resting CD4+ T Cells of Viremic Patients." *Journal of Virology*. April 2005;79(8):5185-5202. The latent reservoir prevents complete viral eradication. This very preliminary work on an assay may have potential for detecting drug-resistant variants not present in plasma.
- \*\* Quinn T.C. and Overbaugh J. "HIV/AIDS in Women: An Expanding Epidemic." *Science*. June 10, 2005;308:1582-1583. Two-page overview and a color chart outlining international data and concerns.
- \*\*\* Sinding S. "Does 'CNN' (Condoms, Needles, Negotiation) Work Better than 'ABC' (Abstinence, Being Faithful and Condom Use) in Attacking the AIDS Epidemic?" *International Family Planning Perspectives*. March 2005;31(1):38-40. <http://www.agi-usa.org/pubs/journals/3103805.pdf> International viewpoint.
- \*\*\* Beckwith C.G., Flanagan T.P., del Rio C. and others. "It Is Time To Implement Routine, Not Risk-Based HIV Testing." *Clinical Infectious Diseases*. April 1, 2005;40(7):1037-1040. Opinion piece noting among other issues the increase in the number of people who present with HIV infection late in the course of the disease.
- \* Jacobs A. "AIDS Fighters Face a Resistant Form of Apathy." *New York Times*. April 3, 2005. Page 25. Condoms, methamphetamine, club drugs, Viagra, bug chasers, and new groups such as the H.I.V. Forum devoted to combating the prevailing ethos.

- \*\*\*\* "Management of Febrile Neutropenia: Current Strategies." *Clinical Infectious Diseases*. April 1, 2005;40 (The entire issue of Supplement 4 is a CME offering on this topic):S237-S258. Includes immunocompromised patients, risk stratification, notes on the few new drugs in development.
- \*\*\* Wawer M.J., Gray R.H., Sewankambo N.K. and others. "Rates of HIV-1 Transmission per Coital Act, by Stage of HIV-1 Infection, in Rakai, Uganda." *Journal of Infectious Diseases*. April 2004;190(9):1430-1409. Consistent with European studies, transmission was highest during early-stage and again during late-stage infection (2 years before death).
- \*\* King M.S., Brun S.C. and Kempt D.J. "Relationship between Adherence and the Development of Resistance in Antiretroviral-Naïve, HIV-1-Infected Patients Receiving Lopinavir/Ritonavir or Nelfinavir." *Journal of Infectious Diseases*. June 15, 2005;191;2046-2052. A higher risk of detectable HIV-1 RNA labs after week 24 was associated with lower adherence.
- \*\*\* "HIV Infection among Women in Prison: Considerations for Care." *Infectious Diseases in Corrections Report*. May/June 2005;8(5 and 6):9 pages. Includes 'Ask the Expert' section on an HIV-infected inmate with an abnormal cervical Pap test by UW's Dr. Bethany Weaver.
- \*\* Ding L., Landon B.E., Wilson I.B. and others. "Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Drug Users." *Archives of Internal Medicine*. March 28, 2005;165(6):618-623. The authors surveyed 2,864 sets of patients and physicians. Of these, 23.2% of patients had physicians with negative attitudes toward IDUs. However, it was having increased knowledge and experience with HIV/AIDs, seeing more IDUs and seeing fewer patients per week that were independently associated with positive attitudes toward IDUs.
- \*\* Vlahov D., Galai N., Safacian M. and others. "Effectiveness of Highly Active Antiretroviral therapy among Injection Drug Users with Late-Stage Human Immunodeficiency Virus Infection." *American Journal of Epidemiology*. June 1, 2005;161(11):999-1012. Notes on HAART and participants in the ALIVE study from 1988 to 2002.

## STDs

- \*\*\* Golden M.R., Anukam U.I., Williams D.H. and Handsfield H.H. "The Legal Status of Patient-Delivered Partner Therapy for Sexually Transmitted Infections in the United States." *Sexually Transmitted Diseases*. February 2005;32(2):112-114. Only four states have clearly defined PDPT as legal. Washington is one of these states.
- \*\*\* Rothschild B.M. "History of Syphilis." *Clinical Infectious Diseases*. May 15, 2005;40(10):1454-1463. Review article on skeletal evidence of the origins of syphilis. Includes brief discussions of bejel, pinta and yaws. Extensive bibliography. Good training material.
- \*\* Weber D.J., Leone P.A., Ault K.A. and others. "Combating Human Papillomavirus Infection: Update on Treatment and Prevention." *Consultant Live*. March 2005; 4(3) Online article for midlevel clinicians. This vaccine company-sponsored offering has good graphics and photographs for patients.
- <http://consultantlive.com/7830-04-01/conshpv/03case1.pdf> Understanding HPV
- <http://consultantlive.com/7830-04-01/conshpv/04case2.pdf> Managing HPV
- \*\*\*\* Hubert W.G. "Variant Upstream Regulatory Region Sequences Differentially Regulate Human Papillomavirus Type 16 DNA Replication throughout the Viral Life Cycle." *Journal of Virology*. May 2005;79(10):5914-5922. Variants and risk of oncogenesis.
- \*\*\*\* Schiffman M., Herrero R. and Desalle R. "The Carcinogenicity of Human Papillomavirus Types Reflects Viral Evolution." *Virology*. June 20, 2005;337(1):76-84. Viral persistence versus neoplastic progression.
- \*\*\*\* Kreuter A., Brockmeyer N.H., Hochdorfer B. and others. "Clinical Spectrum and Virologic Characteristics of Anal

Intraepithelial Neoplasia in HIV Infection.” *Journal of the American Academy of Dermatology*. April 2005;52(4): 603-608. Of 103 patients, 86% had anal HPV on their first visit.

- \*\*\*\* Bernstein D.I., Aoki F.Y., Tying S.K. and others for the GlaxoSmithKline Vaccine Study Group. “Safety and Immunogenicity of Glycoprotein D-Adjuvant Genital Herpes Vaccine.” *Clinical Infectious Diseases*. May 1, 2005;40(9):1271-1281.
- \*\*\*\* Yang R., Wheeler C.M., Chen X and others. “Papillomavirus Capsid Mutation To Escape Dendritic Cell-Dependent Innate Immunity in Cervical Cancer.” *Journal of Virology*. June 2005;79(11):6741-6750. Mutation and genetic instability help type 16 evade immune control.
- \*\*\* Jemmot J.B., Jemmot L.S. and Braverman P.K. “HIV/STD Risk Reduction Interventions for African American and Latino Adolescent Girls at an Adolescent Medicine Clinic.” *Archives of Pediatric and Adolescent Medicine*. May 2005; 159(5):440-449. Skill-based (as opposed to information-based) intervention was more effective in reducing risk behaviors.
- \*\*\* Ray M.N., Wall T., Casebeer L. and others. “Chlamydia Screening of At-Risk Young Women in Managed Health Care: Characteristics of Top-Performing Primary Care Offices.” *Sexually Transmitted Diseases*. June 2006; 32(6):382-386.
- \*\*\*\* Patton D.L., Cosgrove Sweeney Y.T. and Stamm W.E. “Significant Reduction in Pelvic Inflammatory Response in the Macaque Model of Chlamydial Pelvic Inflammatory Disease with Azithromycin Treatment.” *Journal of Infectious Diseases*. July 1, 2005;192(1):129-135.

## FAMILY PLANNING

- \*\*\* Erhman D.A. “Polycystic Ovary Syndrome.” *New England Journal of Medicine*. March 24, 2005; 352(12):1223-1236. Review article.
- \*\*\*\* Xing D., Orsulic S. “A Genetically Defined Mouse Ovarian Carcinoma Model for the Molecular Characterization of Pathway-Targeted Therapy and Tumor Resistance.” *Proceedings of the National Academy of Sciences*. May 10, 2005;102(19):6936-6941. Basic science and one of many pathways that must be targeted for effective therapy.
- \*\*\* Harris T.G., Burk R.D., Palefsky J.M. and others. “Incidence of Cervical Squamous Intraepithelial Lesions Associated With HIV Serostatus, CD4 Cell Counts, and Humanpapillomavirus Test Results.” *JAMA*. March 23/30, 2005;293(12):1471-1476. Preliminary work on screening intervals.
- \*\* Garrido N., Meseguer M., Remohi J. and others. “Semen Characteristics in Human Immunodeficiency Virus (HIV) – and Hepatitis C (HCV) – Seropositive Males: Predictors of the Success of Viral Removal After Sperm Washing.” *Human Reproduction*. April 2005;20(4):1022-1027. Thirteen out of 136 of the samples were positive for one or more viruses. Low CD4 blood levels and long evolution of disease do not negatively affect sperm motility.
- \*\* Brückner H., Bearman P. “After the Promise: The STD Consequences of Adolescent Virginity Pledges.” *Journal of Adolescent Health*. April 2005;36(4):271-278. Yale and Columbia researchers speculate that one reason the pledgers have the same STD rates as non-pledgers is that they are less likely to use condoms at sexual debut and less likely to be tested and diagnosed when they contract STDs.
- \*\* Gutman R.E., Peipert J.F., Weitzen S. “Evaluation of Clinical Methods for Diagnosing Bacterial Vaginosis.” *Obstetrics and Gynecology*. April 2005;105(3):551-556. At 89%, vaginal Ph was the most sensitive of all the criteria. Amine odor was the most specific at 93%.
- \*\*\* Murphy P.A., Kern S.E., Stanczyk F.Z. “Interaction of St. John’s Wort with Oral Contraceptives: Effects on the Pharmacokinetics of Norethindrone and Ethinyl Estradiol, Ovarian Activity and Breakthrough Bleeding.” *Contraception*. June 2005;71(6):402-408. In this small study the authors concluded that St. John’s Wort is associated with increased



metabolism of norethindrone and ethinyl estradiol breakthrough bleeding, follicle growth and ovulation. Women using OCs should be cautioned that the herb might interfere with contraceptive effectiveness.

- \*\*\* Paz-Bailey G., Koumans E.H., Sternberg M., and others. "The Effect of Correct and Consistent Condom Use on Chlamydial and Gonococcal Infection Among Urban Adolescents." *Archives of Pediatrics and Adolescent Medicine*. June 2005;159(6):536-542.
- \*\* Wynn L. and Trussell J. "The Morning After on the Internet: Usage of and Questions to the Emergency Contraception Website." *Contraception*. July 1, 2005;5-13. In a 5-year review of 7,022 e-mail questions to [www.Not-2-Late.com](http://www.Not-2-Late.com), 29% did not contain questions about the use of EC, 23% were questions on how to use EC, side effects 21%, pregnancy 17%, whether EC was needed in a given situation, 14%, EC access 8%, effectiveness 4%, and how EC works 3%.
- \*\*\* Halpern-Felsher B.L., Cornell J.L., Kropp R.Y. and Tschann J.M. "Oral Versus Vaginal Sex Among Adolescents: Perceptions, Attitudes, and Behaviors." *Pediatrics*. April, 2005;115(4):845-51.

## TB

- \*\*\* Schneider E. "Tuberculosis Among American Indians and Alaska Natives in the United States, 1993-2002 ." *American Journal of Public Health*. May 2005 95(5): 873-880. Though TB rates declined 40.4% among AIAN peoples, this was the smallest decrease among US-born racial/ethnic groups and TB continues to be a significant health problem among AIANs.
- \*\* Haddad M.B., Wilson T.W. Marks S.M. "Tuberculosis and the Homeless in the United States, 1994-2003." *JAMA*. June 8, 2005;293(22):2762-2766. CDC authors on risk factor overlap and the importance of case management.
- \*\*\* Mitchison D.A. "The Diagnosis and Therapy of Tuberculosis During the Past 100 Years." *American Journal of Respiratory and Critical Care Medicine*. April 1, 2005;171(7):699-706.
- \*\* "National Plan for Reliable Tuberculosis Laboratory Services Using a Systems Approach." *MMWR*. April 15, 2005;54(RR-6) 11 pages.
- \*\* Burgos M., Gonzales L.C., Paz E.A. and others. "Treatment of Multidrug-Resistant Tuberculosis in San Francisco: An Outpatient-Based Approach." *Clinical Infectious Diseases*. April 1, 2005;40(7):968-975. In S.F., which has the staff and expertise to do so, it was safe and cost-effective to treat the HIV seronegative patients on an outpatient basis with intensive treatment regimens. The HIV seropositive patients with MDR TB were all severely immunocompromised and needed inpatient treatment.
- \*\*\* Janulionis E., Sofer C., Schwander S.K. and others. "Survival and Replication of Clinical Mycobacterium tuberculosis Isolates in the Context of Human Innate Immunity." *Infection and Immunity*. May 1, 2005;73(5):2595-2601. Basic TB science from the Public Health Research Institute in Newark, NJ.
- \*\*\*\* Drobac P.C., del Castillo H., Sweetland A. and others. "Treatment of Multidrug-Resistant Tuberculosis during Pregnancy: Long-Term Follow-up of 6 Children with Intrauterine Exposure to Second-Line Agents." *Clinical Infectious Diseases*. June 1, 2005;40(11):1689-1692.
- \*\*\*\* Lenaerts A.L., Gruppo V., Marietta K.S. and others. "Preclinical Testing of the Nitroimidazopyran PA-824 for Activity against Mycobacterium tuberculosis in a Series of In Vitro and In Vivo Models." *Antimicrobial Agents and Chemotherapy*. June 2005;49(6):2294-2301. Very preliminary work on an oral drug for the treatment of TB.
- \*\*\*\* Bloomberg H.M., Leonard M.K. and Jasmer R.M. "Update on the Treatment of Tuberculosis and Latent Tuberculosis Infection." *JAMA*. June 8, 2005;293(22):2776-2784. The entire issue of JAMA for June 8, 2005 is devoted to articles on tuberculosis.



**HEPATITIS**

- \*\*\*\* Reitsma A.M., Closen M.L., Cunningham M., and others. "Infected Physicians and Invasive Procedures: Safe Practice Management." *Clinical Infectious Diseases*. June 1, 2005;40(11):1665-1672. Includes a list of exposure-prone procedures and a decision chart that indicates under what conditions infected physicians can practice beyond the need for disclosure of their HBV, HCV, or HIV serostatus.
- \*\* Busch M.P. and Page Shafer K.A. "Acute-Phase Hepatitis C Virus Infection: Implications for Research, Diagnosis and Treatment." *Clinical Infectious Diseases*. April 1, 2005;40(7):959-961. Good overview and lecture material.
- \*\*\* Kanwal F., Gralnek I.M., Martin P. and others. "Treatment Alternatives for Chronic Hepatitis B Virus Infection: A Cost-Effectiveness Analysis." *Annals of Internal Medicine*. May 17, 2005;142(10):821-831.
- \*\* Cox A.L., Netski D.M., Mosbrugger T. and others. "Prospective Evaluation of Community-Acquired Acute-Phase Hepatitis C Virus Infection." *Clinical Infectious Diseases*. April 1, 2005;40(7):951-961. Frequent expensive RNA and antibody screening was used to track seroconversion, viral levels, and clearance in 179 HCV-negative IVDUs. Liver enzyme function measurements were elevated during early infection but did not correlate with HCV RNA levels or viral persistence. None of these patients developed jaundice.
- \*\*\*\* Alberti A. "Short Statement of the First European Consensus Conference on the Treatment of Chronic Hepatitis C and B in HIV Co-Infected Patients." *Journal of Hepatology*. May 2005;42(5):615-624.
- \*\*\* Shan Y., Lambrecht R.W. and Bonkovsky H.L. "Association of Hepatitis C Virus Infection with Serum Iron Status: Analysis of Data from the Third National Health and Nutrition Examination Survey." *Clinical Infectious Diseases*. March 15 2005;40(6):834-841. A still unresolved issue is whether higher iron levels increase the risk for developing chronic hepatitis C or whether liver damage causes increases in iron levels.
- \*\*\* Sugimoto K., Kaplan D.E., Ikeda F. and others. "Strain-Specific T-Cell Suppression and Protective Immunity in Patients with Chronic Hepatitis C Virus Infection." *Journal of Virology*. June 2005;79(11):6976-6983. Research on host-virus interaction in those infected with more than one strain of hepatitis C, re-infection problems, and implications for vaccine development.
- \*\*\*\* The European Paediatric Hepatitis C Virus Network. "Three Broad Modalities in the Natural History of Vertically Acquired Hepatitis C Virus Infection." *Clinical Infectious Diseases*. June 1, 2005;41(1):45-51. This research group confirmed the low prevalence of HCV-related clinical signs and symptoms in the first 10-15 years of life. About 20% of 266 children with vertical infection followed until a median of 4.2 years of age appeared to clear the infection, 50% have evidence of chronic asymptomatic infection and 30% of children have evidence of chronic active infection. Twenty six of these children were co-infected with HIV.

**ASSORTED ARTICLES**

- \*\*\* Ompad D.C., Ikeda R.M., and Shah N. "Childhood Sexual Abuse and Age at Initiation of Injection Drug Use." *American Journal of Public Health*. April 2005;95(4):703-709. After adjustment of gender, race/ethnicity, non-injection drug use and recruitment site, childhood sexual abuse was independently associated with younger first age at first drug injection.
- \*\*\* Garbutt J.C., Kranzler H.R., O'Malley S.S. and others. "Efficacy and Tolerability of Long-Acting Injectable Naltrexone for Alcohol Dependence: A Randomized Controlled Trial." *JAMA*. April 6, 2004;293(3):1617-1625. Compared with placebo, 380 mg of naltrexone resulting in a 25% decrease in the event rate of heavy drinking and 190 mg resulted in a 17% decrease.
- \*\* Cooper D., Rice N., Wilburn R. and others. "Acute Public Health Consequences of Methamphetamine Laboratories -- 16 States, January 2000 -- June 2004." *MMWR* April 15, 2005;54(14):356-359. Description of meth-associated events,

injury prevention recommendations, and notes on corrosive, explosive, flammable, and toxic substances. An estimated 20% of meth labs have children present.

- \* Davey M. "Grisly Effect of One Drug: 'Meth Mouth.'" *New York Times*. June 11, 2005. Extraordinary oral damage, but relatively few complaints of pain. This article mentions rising dental costs for jails, juvenile facilities and prisons.
- \*\*\*\* Hamilton R.J. "Acute Myocardial Infarction as a Complication of Clonidine Withdrawal." *Annals of Emergency Medicine*. May 2005;45(5):657. Reminder that this drug should never be stopped without a tapering dose. Pass this article along to law enforcement sites.
- \*\*\* *Health Affairs*. 2005;24(2). The entire issue is devoted to racial and ethnic health disparities.

If you do not have access to library services, please call Bonnie Nickle at (360) 236-3498 for single copies of the articles listed.

## OTHER HEALTH RESOURCES

### HIV

The **Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection** have been updated as of March 24, 2005. Please note that the Appendix, Characteristics of Available Antiretroviral Drugs, has been extensively modified to include up-to-date drug information, including updated information about pediatric dosing and new drug formulations. The updated Appendix also includes a matrix based on Table 18 in the Adult Guidelines (adverse drug reactions) and three matrices based on Tables 19-21 in the Adult Guidelines (drug interactions between antiretrovirals and other drugs). The Pediatric Guidelines are developed by the Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children, which reviews new data on an ongoing basis and provides regular updates to the guidelines. The updated guidelines document is available in the [Pediatric Guidelines section](#) of the Guidelines page on the [AIDSinfo](#) Web site. The AIDSinfo website ([AIDSinfo@nih.gov](mailto:AIDSinfo@nih.gov)) is also a valuable source of other information related to HIV/AIDS, including other treatment and prevention guidelines, downloadable databases for PDAs (Personal Digital Assistants), and HIV/AIDS-related clinical trials information.

For information on **Methadone and HAART interactions** go to:

<http://www.harmreduction.org/health/health/haartmeth/haartmethmain.html>

Do you have new workers who need access to HIV information? The on-line textbook, **HIV InSite Knowledge Base**, produced by San Francisco General Hospital and the University of California at San Francisco is constantly updated and available at <http://hivinsite.ucsf.edu/InSite?page=KB>.

**"Global AIDS Myths and Facts: Tools for Fighting the AIDS Pandemic."** Edited by Alexander Irwin, Joyce Millen and Dorothy Fallows. Boston: South End Press 2003. 296 pp. \$19.00 paperback.

**Annals of Internal Medicine** July 5 issue reports that the U.S. Preventive Services Task Force, an independent panel of U.S. health experts, recommends all pregnant women be offered an HIV test to further reduce mother-to-child transmission. The task force's recommendations are at <http://www.ahrq.gov/clinic/uspstf/uspshivi.htm>, and state that the current strategy of only offering tests to pregnant women deemed to be at "high risk" of being HIV-positive is missing opportunities to prevent vertical transmission. The task force recommended that the tests be voluntary for pregnant women. It noted that recent scientific advances have proven that testing all pregnant women for HIV is beneficial.

**STD PREVENTION, FAMILY PLANNING AND REPRODUCTIVE HEALTH**

**What's Happening to My Body ? Book For Boys: A Growing Up Guide for Parents and Sons.** 3rd Edition Lynda Madaras. About puberty and related issues. 2000; \$12.95; Newmarket Press, 18 E. 48th Street, Suite 1501, New York, NY 10017; Phone: (212) 832-3575.

<http://familydoctor.org/men.xml>

[http://www.ohsu.edu/library/teenhealth/youngmen/array\\_of\\_health\\_topics\\_for\\_young\\_men](http://www.ohsu.edu/library/teenhealth/youngmen/array_of_health_topics_for_young_men)

**General health screening tests for men:** what are they and when should one have which test? Go to:

<http://www.lcghd.org/FormattedText.asp?IncludedPageID=13552>.

The **2005 National Conference on Men's Health** will be held October 6-8, 2005 in Atlanta, Georgia at the Sheraton Colony Square Hotel. Submissions are invited for papers that address research, policy issues, or best practices within one of the following thematic tracks: Clinical Track, Community Health Initiatives, Psychosocial/Behavioral Factors Track, or Public Policy. Visit the conference web site at:

<http://app.outreach.psu.edu/menshealth/2005/default.asp?WhichPage=Call>.

**Kaiser report** on denying emergency contraception to survivors of rape:

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=2&DR\\_ID=29184](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=2&DR_ID=29184)

The **Center for Young Women's Health** at Children's Hospital Boston has posted reproductive health and other health information in Spanish at [www.youngwomenshealth.org/sphealthinfo.html](http://www.youngwomenshealth.org/sphealthinfo.html).

In **CDC's effort to continue providing laboratory support for LGV testing** to state and local health departments, they have updated the previously distributed materials on LGV specimen collection, testing procedures, shipping, and the clinical information form for patients with suspected LGV. This information and updated information as it becomes available is located at the LGV website: [www.cdc.gov/std/lgv](http://www.cdc.gov/std/lgv). The diagnostic challenges associated with LGV proctitis are many, including the fact that nucleic acid amplification tests for chlamydia detection have not been approved for use with rectal specimens. Therefore, most clinicians are unable to diagnose rectal chlamydia or LGV using local laboratory resources.

There are a couple of key points that CDC would like to emphasize: As part of prospective LGV case identification, clinicians of patients with suspected LGV are asked to contact their state and local health departments to:

- a) Report the suspected case of LGV, and
- b) Arrange for specimen submission to CDC through your state public health laboratory

Specimens sent to CDC's Chlamydia Laboratory not properly packaged or without the DASH form and clinical information form completed will not be tested. Specimens will be held for testing until proper documentation and clinical forms have been submitted. The clinical information form should also be shared with state and local health departments to assist in local investigations.

- Serology will only be conducted in conjunction with other site-specific [e.g. rectal, urine, urethral] specimens. Blood specimens submitted alone will not be tested.
- Test results will be returned to the individual named on the DASH form whose responsibility it is to inform the provider and others at the state and local level.

Patients suspected of having LGV should be treated presumptively with Doxycycline 100mg twice daily x 21 days

[www.cdc.gov/std/treatment/2-2002TG.htm#LymphogranulomaVenereum](http://www.cdc.gov/std/treatment/2-2002TG.htm#LymphogranulomaVenereum)

**CDC's HPV website** [www.cdc.gov/std/hpv/](http://www.cdc.gov/std/hpv/) has recently undergone improvements, including a reorganization to make it more user-friendly, and the addition of new materials, resources and links. This site now offers information for the general public, women, patients, health care providers, and health educators. There are fact sheets in both English and Spanish,

courses for clinicians and complete workshops to be presented by community educators to Latina and African American women.

**The Ready-to-Use STD Curriculum Modules** for Clinical Educators contains comprehensive curricular materials on seven different STD topics. The modules are based on curriculum developed by the [National Network of STD/HIV Prevention Training Centers](#) which includes treatment and management recommendations of the [2002 CDC STD Treatment Guidelines](#). Materials can be downloaded for classroom use. Each module contains: slide presentation, instructor's guide, case study, and test questions. The instructional time varies with each module, ranging from 60 to 90 minutes. The target audience for these modules is faculty in clinical education programs, including programs training advanced practice nurses, physician assistants, and physicians.

## OTHER

[http://health.groups.yahoo.com/groups/AIDS\\_ASIA/](http://health.groups.yahoo.com/groups/AIDS_ASIA/) is an e-Newsletter committed to the development of an **Asian and Pacific perspective on HIV/AIDS prevention and care issues**.

[http://healthlinks.washington.edu/ethnomed/clin\\_topics/tb/tb.html](http://healthlinks.washington.edu/ethnomed/clin_topics/tb/tb.html) will get you to **“Cultural and Linguistic Aspects of TB Screening for Refugees and Immigrants”** at UW's EthnoMed web site.

**“¡A Su Salud! Spanish for Health Professionals.”** Christine E. Cotton, Elizabeth Eli Tolman, Julia Cardona Mack. 376 page workbook, 2 DVDs and one CD-ROM. Spiral-bound, \$95. New Haven, Conn, Yale University Press 2005.

New York/New Jersey Public Health Training Center offers **“Communicate to Make a Difference: Exploring Cross-Cultural Communication,”** a free online course for public health professionals. This course introduces various aspects of culture and communication in public health scenarios. Go to: <http://www.nynj-phtc.org/cc/>.

**“Understanding Health Literacy: Implications for Medicine and Public Health.”** edited by J. G. Schwartzberg, J.B. Van Geest and C.C. Wang. 253 pages, paper, \$55.00 AMA Press 2005.

<http://www.diversityrx.org/BEST/index.html> includes information on standards for **medical interpreter training and provider education**.

The **Immunization Action Coalition (IAC) web site** has an array of pamphlets for adults and children at: <http://www.immunize.org/index.htm> This is a list of all the IAC hepatitis print materials currently available in a large variety of languages from Amharic to Vietnamese.

**“Confronting the ‘Sugar Daddy’ Stereotype: Age and Economic Asymmetries and Risky Sexual Behavior in Urban Kenya,”** appears in the March 2005 issue of *International Family Planning Perspectives*, Vol. 1, Number 1. How age and income disparities in sexual relationships put women at risk: in one of the regions of Kenya hardest hit by the HIV/AIDS epidemic, a study of more than 1,000 men aged 21–45 in nonmarital relationships reveals that the older a man is than his female partner and the more money and gifts he gives her, the less likely they are to use condoms. Collected in the urban center of Kisumu by Nancy Luke, assistant professor at Brown University and a Harvard University research fellow, this new evidence quantifies for the first time the health effects of “sugar daddy” relationships, long considered an important factor in the spread of HIV in Sub-Saharan Africa.



**TABLE 1. WASHINGTON STATE HIV<sup>1</sup> AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, AS OF 06/30/2005**

|                       | TOTAL CASES (& CASE FATALITY RATE <sup>2</sup> ) DIAGNOSED DURING INTERVAL <sup>3</sup> |             |               |              |                   | DEATHS OCCURRING DURING INTERVAL <sup>4</sup> |              |              | CASES PRESUMED LIVING DIAGNOSED DURING INTERVAL <sup>3</sup> |              |                           |
|-----------------------|-----------------------------------------------------------------------------------------|-------------|---------------|--------------|-------------------|-----------------------------------------------|--------------|--------------|--------------------------------------------------------------|--------------|---------------------------|
|                       | HIV <sup>1</sup>                                                                        |             | AIDS          |              | HIV/AIDS<br>Total | HIV <sup>1</sup>                              |              | AIDS         | HIV <sup>1</sup>                                             |              | AIDS<br>HIV/AIDS<br>Total |
|                       | No.                                                                                     | (%)         | No.           | (%)          |                   | No.                                           | No.          |              | No.                                                          | No.          |                           |
| 1982                  | 2                                                                                       | (0%)        | 1             | (100%)       | 3                 | 0                                             | 0            | 0            | 2                                                            | 0            | 2                         |
| 1983                  | 5                                                                                       | (20%)       | 20            | (100%)       | 25                | 0                                             | 7            | 7            | 4                                                            | 0            | 4                         |
| 1984                  | 7                                                                                       | (0%)        | 79            | (97%)        | 86                | 0                                             | 31           | 31           | 7                                                            | 2            | 9                         |
| 1985                  | 68                                                                                      | (9%)        | 132           | (98%)        | 200               | 0                                             | 81           | 81           | 62                                                           | 3            | 65                        |
| 1986                  | 59                                                                                      | (14%)       | 245           | (98%)        | 304               | 0                                             | 126          | 126          | 51                                                           | 5            | 56                        |
| 1987                  | 74                                                                                      | (12%)       | 369           | (96%)        | 443               | 2                                             | 188          | 188          | 65                                                           | 15           | 80                        |
| 1988                  | 83                                                                                      | (16%)       | 493           | (94%)        | 576               | 6                                             | 236          | 236          | 70                                                           | 29           | 99                        |
| 1989                  | 120                                                                                     | (12%)       | 612           | (91%)        | 732               | 8                                             | 309          | 309          | 106                                                          | 54           | 160                       |
| 1990                  | 141                                                                                     | (13%)       | 733           | (90%)        | 874               | 6                                             | 371          | 371          | 123                                                          | 72           | 195                       |
| 1991                  | 153                                                                                     | (8%)        | 835           | (86%)        | 988               | 4                                             | 461          | 461          | 141                                                          | 115          | 256                       |
| 1992                  | 140                                                                                     | (9%)        | 897           | (77%)        | 1,037             | 7                                             | 515          | 515          | 128                                                          | 207          | 335                       |
| 1993                  | 121                                                                                     | (6%)        | 943           | (68%)        | 1,064             | 12                                            | 618          | 618          | 114                                                          | 306          | 420                       |
| 1994                  | 171                                                                                     | (6%)        | 853           | (56%)        | 1,024             | 5                                             | 666          | 666          | 160                                                          | 376          | 536                       |
| 1995                  | 184                                                                                     | (4%)        | 757           | (38%)        | 941               | 5                                             | 654          | 654          | 177                                                          | 471          | 648                       |
| 1996                  | 228                                                                                     | (4%)        | 665           | (26%)        | 893               | 3                                             | 472          | 472          | 220                                                          | 494          | 714                       |
| 1997                  | 224                                                                                     | (5%)        | 511           | (20%)        | 735               | 7                                             | 222          | 222          | 213                                                          | 410          | 623                       |
| 1998                  | 224                                                                                     | (2%)        | 385           | (23%)        | 609               | 5                                             | 161          | 161          | 219                                                          | 296          | 515                       |
| 1999                  | 280                                                                                     | (2%)        | 353           | (22%)        | 633               | 5                                             | 130          | 130          | 274                                                          | 274          | 548                       |
| 2000                  | 343                                                                                     | (3%)        | 433           | (19%)        | 776               | 29                                            | 157          | 157          | 333                                                          | 351          | 684                       |
| 2001                  | 310                                                                                     | (1%)        | 403           | (14%)        | 713               | 21                                            | 141          | 141          | 307                                                          | 346          | 653                       |
| 2002                  | 310                                                                                     | (2%)        | 441           | (10%)        | 751               | 17                                            | 138          | 138          | 304                                                          | 396          | 700                       |
| 2003                  | 327                                                                                     | (0%)        | 436           | (8%)         | 763               | 24                                            | 174          | 174          | 326                                                          | 399          | 725                       |
| 2004 <sup>5</sup>     | 347                                                                                     | (0%)        | 407           | (4%)         | 754               | 2                                             | 106          | 106          | 347                                                          | 391          | 738                       |
| 2005 YTD <sup>5</sup> | 126                                                                                     | (1%)        | 132           | (3%)         | 258               | 1                                             | 31           | 31           | 125                                                          | 128          | 253                       |
| <b>TOTAL</b>          | <b>4,047</b>                                                                            | <b>(4%)</b> | <b>11,135</b> | <b>(54%)</b> | <b>15,182</b>     | <b>169</b>                                    | <b>5,995</b> | <b>5,995</b> | <b>3,878</b>                                                 | <b>5,140</b> | <b>9,018</b>              |

**TABLE 2. WASHINGTON STATE HIV<sup>1</sup> AND AIDS CASES, GENDER BY AGE AT DIAGNOSIS.**

|              | HIV <sup>1</sup> |              |            |              |              | AIDS          |              |            |             |               |
|--------------|------------------|--------------|------------|--------------|--------------|---------------|--------------|------------|-------------|---------------|
|              | Male             |              | Female     |              | Total        | Male          |              | Female     |             | Total         |
|              | No.              | (%)          | No.        | (%)          |              | No.           | (%)          | No.        | (%)         |               |
| Under 13     | 17               | (0%)         | 21         | (1%)         | 38           | 15            | (0%)         | 17         | (0%)        | 32            |
| 13-19        | 62               | (2%)         | 39         | (1%)         | 101          | 31            | (0%)         | 11         | (0%)        | 42            |
| 20-29        | 1,123            | (28%)        | 217        | (5%)         | 1,340        | 1,641         | (15%)        | 229        | (2%)        | 1,870         |
| 30-39        | 1,442            | (36%)        | 177        | (4%)         | 1,619        | 4,690         | (42%)        | 379        | (3%)        | 5,069         |
| 40-49        | 657              | (16%)        | 94         | (2%)         | 751          | 2,717         | (24%)        | 223        | (2%)        | 2,940         |
| 50-59        | 147              | (4%)         | 27         | (1%)         | 174          | 809           | (7%)         | 92         | (1%)        | 901           |
| 60+          | 20               | (0%)         | 4          | (0%)         | 24           | 246           | (2%)         | 35         | (0%)        | 281           |
| <b>TOTAL</b> | <b>3,468</b>     | <b>(86%)</b> | <b>579</b> | <b>(14%)</b> | <b>4,047</b> | <b>10,149</b> | <b>(91%)</b> | <b>986</b> | <b>(9%)</b> | <b>11,135</b> |

- 1 Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
- 2 Case fatality rate is the proportion of HIV or AIDS patients diagnosed during interval who are known to have died at some time since diagnosis.
- 3 Year of diagnosis reflects the time at which HIV infection or AIDS was diagnosed by a health care provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.
- 4 Includes deaths among HIV or AIDS patients diagnosed during that interval or any preceding interval.
- 5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

IDRH Assessment Unit, P.O. Box 47838, Olympia, WA 98504-7838; (360) 236-3455.

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<http://www.doh.wa.gov/hiv.htm>



**TABLE 3. WASHINGTON STATE HIV<sup>1</sup> CASES, RACE/ETHNICITY<sup>10</sup> AND EXPOSURE CATEGORY, AS OF 06/30/2005**

|                                           | Male         | <u>Adult/Adolescent</u><br>(%) | Female     | (%)           | <u>Pediatric</u><br>No. | (%)           | <u>Total</u><br>No. | (%)           |
|-------------------------------------------|--------------|--------------------------------|------------|---------------|-------------------------|---------------|---------------------|---------------|
| <b><u>Race/Ethnicity<sup>10</sup></u></b> |              |                                |            |               |                         |               |                     |               |
| White, not Hispanic                       | 2614         | (76%)                          | 285        | (51%)         | 14                      | (36%)         | 2913                | (72%)         |
| Black, not Hispanic                       | 401          | (12%)                          | 176        | (32%)         | 15                      | (38%)         | 592                 | (15%)         |
| Hispanic (All Races)                      | 269          | (8%)                           | 49         | (9%)          | 6                       | (15%)         | 324                 | (8%)          |
| Asian/Pacific Islander                    | 2            | (0%)                           | 4          | (1%)          | 0                       | (0%)          | 6                   | (0%)          |
| Asian                                     | 80           | (2%)                           | 10         | (2%)          | 4                       | (10%)         | 94                  | (2%)          |
| Hawaiian/Pacific Islander                 | 6            | (0%)                           | 1          | (0%)          | 0                       | (0%)          | 7                   | (0%)          |
| Native American/Alaskan                   | 37           | (1%)                           | 29         | (5%)          | 0                       | (0%)          | 66                  | (2%)          |
| Multi-race                                | 13           | (0%)                           | 1          | (0%)          | 0                       | (0%)          | 14                  | (0%)          |
| Unknown                                   | 28           | (1%)                           | 3          | (1%)          | 0                       | (0%)          | 31                  | (1%)          |
| <b>Total</b>                              | <b>3,450</b> | <b>(100%)</b>                  | <b>558</b> | <b>(100%)</b> | <b>39</b>               | <b>(100%)</b> | <b>4,047</b>        | <b>(100%)</b> |
| <b><u>Exposure Category</u></b>           |              |                                |            |               |                         |               |                     |               |
| Male/male sex (MSM)                       | 2530         | (73%)                          | 0          | (0%)          | 0                       | (0%)          | 2530                | (63%)         |
| Injecting Drug Use (IDU)                  | 246          | (7%)                           | 142        | (25%)         | 0                       | (0%)          | 388                 | (10%)         |
| MSM and IDU                               | 337          | (10%)                          | 0          | (0%)          | 0                       | (0%)          | 337                 | (8%)          |
| Transfusion/Transplant                    | 8            | (0%)                           | 10         | (2%)          | 0                       | (0%)          | 18                  | (0%)          |
| Hemophilia                                | 12           | (0%)                           | 1          | (0%)          | 1                       | (3%)          | 14                  | (0%)          |
| Heterosexual Contact <sup>6</sup>         | 121          | (4%)                           | 276        | (49%)         | 0                       | (0%)          | 397                 | (10%)         |
| Mother at Risk for HIV                    | 0            | (0%)                           | 0          | (0%)          | 35                      | (90%)         | 35                  | (1%)          |
| No Identified Risk <sup>7</sup> /Other    | 196          | (6%)                           | 129        | (23%)         | 3                       | (8%)          | 328                 | (8%)          |
| <b>Total</b>                              | <b>3,450</b> | <b>(100%)</b>                  | <b>558</b> | <b>(100%)</b> | <b>39</b>               | <b>(100%)</b> | <b>4,047</b>        | <b>(100%)</b> |

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

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<http://www.doh.wa.gov/hiv.htm>

**TABLE 4. WASHINGTON STATE AIDS CASES, RACE/ETHNICITY<sup>10</sup> AND EXPOSURE CATEGORY, AS OF 06/30/2005**

|                                           | <u>Adult/Adolescent</u> |               |            |               | <u>Pediatric</u> |               | <u>Total</u>  |               |
|-------------------------------------------|-------------------------|---------------|------------|---------------|------------------|---------------|---------------|---------------|
|                                           | Male                    | (%)           | Female     | (%)           | No.              | (%)           | No.           | (%)           |
| <b><u>Race/Ethnicity<sup>10</sup></u></b> |                         |               |            |               |                  |               |               |               |
| White, not Hispanic                       | 8064                    | (80%)         | 536        | (55%)         | 15               | (47%)         | 8615          | (77%)         |
| Black, not Hispanic                       | 968                     | (10%)         | 261        | (27%)         | 10               | (31%)         | 1239          | (11%)         |
| Hispanic (All Races)                      | 735                     | (7%)          | 85         | (9%)          | 4                | (13%)         | 824           | (7%)          |
| Asian/Pacific Islander                    | 33                      | (0%)          | 13         | (1%)          | 1                | (3%)          | 47            | (0%)          |
| Asian                                     | 120                     | (1%)          | 14         | (1%)          | 0                | (0%)          | 134           | (1%)          |
| Hawaiian/Pacific Islander                 | 20                      | (0%)          | 7          | (1%)          | 0                | (0%)          | 27            | (0%)          |
| Native American/Alaskan                   | 156                     | (2%)          | 46         | (5%)          | 1                | (3%)          | 203           | (2%)          |
| Multi-race                                | 29                      | (0%)          | 5          | (1%)          | 1                | (3%)          | 35            | (0%)          |
| Unknown                                   | 9                       | (0%)          | 2          | (0%)          | 0                | (0%)          | 11            | (0%)          |
| <b>Total</b>                              | <b>10,134</b>           | <b>(100%)</b> | <b>969</b> | <b>(100%)</b> | <b>32</b>        | <b>(100%)</b> | <b>11,135</b> | <b>(100%)</b> |
| <b><u>Exposure Category</u></b>           |                         |               |            |               |                  |               |               |               |
| Male/male sex (MSM)                       | 7398                    | (73%)         | N/A        | ( )           | 0                | (0%)          | 7398          | (66%)         |
| Injecting Drug Use (IDU)                  | 730                     | (7%)          | 284        | (29%)         | 0                | (0%)          | 1014          | (9%)          |
| MSM and IDU                               | 1099                    | (11%)         | N/A        | ( )           | 0                | (0%)          | 1099          | (10%)         |
| Transfusion/Transplant                    | 72                      | (1%)          | 51         | (5%)          | 0                | (0%)          | 123           | (1%)          |
| Hemophilia                                | 83                      | (1%)          | 4          | (0%)          | 4                | (13%)         | 91            | (1%)          |
| Heterosexual Contact <sup>6</sup>         | 288                     | (3%)          | 481        | (50%)         | 0                | (0%)          | 769           | (7%)          |
| Mother at Risk for HIV                    | 0                       | (0%)          | 0          | (0%)          | 28               | (88%)         | 28            | (0%)          |
| No Identified Risk <sup>7</sup> /Other    | 464                     | (5%)          | 149        | (15%)         | 0                | (0%)          | 613           | (6%)          |
| <b>Total</b>                              | <b>10,134</b>           | <b>(100%)</b> | <b>969</b> | <b>(100%)</b> | <b>32</b>        | <b>(100%)</b> | <b>11,135</b> | <b>(100%)</b> |

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.
7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.
10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

\* For explanation of revised AIDS total, see technical notes

**TABLE 5. WA STATE HIV<sup>1</sup> & AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, BY COUNTY OF RESIDENCE<sup>8</sup> AT DIAGNOSIS, AS OF 06/30/2005**

|                  | CASES DIAGNOSED  |                  |        |         |          | DEATHS           |                  |       |         | PRESUMED LIVING  |                  |       |         |          |
|------------------|------------------|------------------|--------|---------|----------|------------------|------------------|-------|---------|------------------|------------------|-------|---------|----------|
|                  | HIV <sup>1</sup> | HIV <sup>1</sup> | AIDS   | AIDS    | HIV/AIDS | HIV <sup>1</sup> | HIV <sup>1</sup> | AIDS  | AIDS    | HIV <sup>1</sup> | HIV <sup>1</sup> | AIDS  | AIDS    | HIV/AIDS |
|                  | No.              | (%)              | No.    | (%)     | TOTAL    | No.              | (%)              | No.   | (%)     | No.              | (%)              | No.   | (%)     | TOTAL    |
| ADAMS CO.        | 171              | (4.2%)           | 613    | (5.5%)  | 784      | 12               | (7.1%)           | 324   | (5.4%)  | 159              | (4.1%)           | 289   | (5.6%)  | 448      |
| ASOTIN CO.       | 1                | (0.0%)           | 5      | (0.0%)  | 6        | 0                | (0.0%)           | 1     | (0.0%)  | 1                | (0.0%)           | 4     | (0.1%)  | 5        |
| COLUMBIA CO.     | 4                | (0.1%)           | 14     | (0.1%)  | 18       | 1                | (0.6%)           | 6     | (0.1%)  | 3                | (0.1%)           | 8     | (0.2%)  | 11       |
| FERRY CO.        | 1                | (0.0%)           | 4      | (0.0%)  | 5        | 0                | (0.0%)           | 3     | (0.1%)  | 1                | (0.0%)           | 1     | (0.0%)  | 2        |
| GARFIELD CO.     | 0                | (0.0%)           | 7      | (0.1%)  | 7        | 0                | (0.0%)           | 6     | (0.1%)  | 0                | (0.0%)           | 1     | (0.0%)  | 1        |
| LINCOLN CO.      | 1                | (0.0%)           | 0      | (0.0%)  | 1        | 0                | (0.0%)           | 0     | (0.0%)  | 1                | (0.0%)           | 0     | (0.0%)  | 1        |
| OKANOGAN CO.     | 0                | (0.0%)           | 5      | (0.0%)  | 5        | 0                | (0.0%)           | 2     | (0.0%)  | 0                | (0.0%)           | 3     | (0.1%)  | 3        |
| PEND OREILLE CO. | 7                | (0.2%)           | 26     | (0.2%)  | 33       | 0                | (0.0%)           | 9     | (0.2%)  | 7                | (0.2%)           | 17    | (0.3%)  | 24       |
| SPOKANE CO.      | 1                | (0.0%)           | 8      | (0.1%)  | 9        | 0                | (0.0%)           | 5     | (0.1%)  | 1                | (0.0%)           | 3     | (0.1%)  | 4        |
| STEVENS CO.      | 143              | (3.5%)           | 460    | (4.1%)  | 603      | 10               | (5.9%)           | 254   | (4.2%)  | 133              | (3.4%)           | 206   | (4.0%)  | 339      |
| WALLA WALLA CO.  | 5                | (0.1%)           | 20     | (0.2%)  | 25       | 0                | (0.0%)           | 8     | (0.1%)  | 5                | (0.1%)           | 12    | (0.2%)  | 17       |
| WHITMAN CO.      | 7                | (0.2%)           | 52     | (0.5%)  | 59       | 1                | (0.6%)           | 26    | (0.4%)  | 6                | (0.2%)           | 26    | (0.5%)  | 32       |
|                  | 1                | (0.0%)           | 12     | (0.1%)  | 13       | 0                | (0.0%)           | 4     | (0.1%)  | 1                | (0.0%)           | 8     | (0.2%)  | 9        |
| BENTON CO.       | 129              | (3.2%)           | 376    | (3.4%)  | 505      | 7                | (4.1%)           | 180   | (3.0%)  | 122              | (3.1%)           | 196   | (3.8%)  | 318      |
| CHELAN CO.       | 23               | (0.6%)           | 78     | (0.7%)  | 101      | 1                | (0.6%)           | 36    | (0.6%)  | 22               | (0.6%)           | 42    | (0.8%)  | 64       |
| DOUGLAS CO.      | 15               | (0.4%)           | 35     | (0.3%)  | 50       | 1                | (0.6%)           | 21    | (0.4%)  | 14               | (0.4%)           | 14    | (0.3%)  | 28       |
| FRANKLIN CO.     | 2                | (0.0%)           | 2      | (0.0%)  | 4        | 0                | (0.0%)           | 2     | (0.0%)  | 2                | (0.1%)           | 0     | (0.0%)  | 2        |
| GRANT CO.        | 21               | (0.5%)           | 46     | (0.4%)  | 67       | 1                | (0.6%)           | 14    | (0.2%)  | 20               | (0.5%)           | 32    | (0.6%)  | 52       |
| KITITAS CO.      | 10               | (0.2%)           | 31     | (0.3%)  | 41       | 1                | (0.6%)           | 19    | (0.3%)  | 9                | (0.2%)           | 12    | (0.2%)  | 21       |
| Klickitat CO.    | 4                | (0.1%)           | 15     | (0.1%)  | 19       | 0                | (0.0%)           | 8     | (0.1%)  | 4                | (0.1%)           | 7     | (0.1%)  | 11       |
| YAKIMA CO.       | 4                | (0.1%)           | 9      | (0.1%)  | 13       | 0                | (0.0%)           | 5     | (0.1%)  | 4                | (0.1%)           | 4     | (0.1%)  | 8        |
|                  | 50               | (1.2%)           | 160    | (1.4%)  | 210      | 3                | (1.8%)           | 75    | (1.3%)  | 47               | (1.2%)           | 85    | (1.7%)  | 132      |
| ISLAND CO.       | 307              | (7.6%)           | 888    | (8.0%)  | 1,195    | 19               | (11.2%)          | 449   | (7.5%)  | 288              | (7.4%)           | 439   | (8.5%)  | 727      |
| SAN JUAN CO.     | 15               | (0.4%)           | 59     | (0.5%)  | 74       | 1                | (0.6%)           | 33    | (0.6%)  | 14               | (0.4%)           | 26    | (0.5%)  | 40       |
| SKAGIT CO.       | 6                | (0.1%)           | 19     | (0.2%)  | 25       | 1                | (0.6%)           | 10    | (0.2%)  | 5                | (0.1%)           | 9     | (0.2%)  | 14       |
| SNOHOMISH CO.    | 27               | (0.7%)           | 54     | (0.5%)  | 81       | 3                | (1.8%)           | 30    | (0.5%)  | 24               | (0.6%)           | 24    | (0.5%)  | 48       |
| WHATCOM CO.      | 211              | (5.2%)           | 608    | (5.5%)  | 819      | 11               | (6.5%)           | 299   | (5.0%)  | 200              | (5.2%)           | 309   | (6.0%)  | 509      |
|                  | 48               | (1.2%)           | 148    | (1.3%)  | 196      | 3                | (1.8%)           | 77    | (1.3%)  | 45               | (1.2%)           | 71    | (1.4%)  | 116      |
| KITSAP CO.       | 448              | (11.1%)          | 1,170  | (10.5%) | 1,618    | 29               | (17.2%)          | 648   | (10.8%) | 419              | (10.8%)          | 522   | (10.2%) | 941      |
| PIERCE CO.       | 76               | (1.9%)           | 200    | (1.8%)  | 276      | 1                | (0.6%)           | 111   | (1.9%)  | 75               | (1.9%)           | 89    | (1.7%)  | 164      |
|                  | 372              | (9.2%)           | 970    | (8.7%)  | 1,342    | 28               | (16.6%)          | 537   | (9.0%)  | 344              | (8.9%)           | 433   | (8.4%)  | 777      |
| CLALLAM CO.      | 318              | (7.9%)           | 928    | (8.3%)  | 1,246    | 13               | (7.7%)           | 457   | (7.6%)  | 305              | (7.9%)           | 471   | (9.2%)  | 776      |
| CLARK CO.        | 18               | (0.4%)           | 50     | (0.4%)  | 68       | 2                | (1.2%)           | 27    | (0.5%)  | 16               | (0.4%)           | 23    | (0.4%)  | 39       |
| COWLITZ CO.      | 137              | (3.4%)           | 411    | (3.7%)  | 548      | 2                | (1.2%)           | 202   | (3.4%)  | 135              | (3.5%)           | 209   | (4.1%)  | 344      |
| GRAYS HARBOR CO. | 35               | (0.9%)           | 90     | (0.8%)  | 125      | 1                | (0.6%)           | 49    | (0.8%)  | 34               | (0.9%)           | 41    | (0.8%)  | 75       |
| JEFFERSON CO.    | 13               | (0.3%)           | 51     | (0.5%)  | 64       | 1                | (0.6%)           | 29    | (0.5%)  | 12               | (0.3%)           | 22    | (0.4%)  | 34       |
| LEWIS CO.        | 10               | (0.2%)           | 21     | (0.2%)  | 31       | 3                | (1.8%)           | 14    | (0.2%)  | 7                | (0.2%)           | 7     | (0.1%)  | 14       |
| MASON CO.        | 9                | (0.2%)           | 41     | (0.4%)  | 50       | 1                | (0.6%)           | 25    | (0.4%)  | 8                | (0.2%)           | 16    | (0.3%)  | 24       |
| PACIFIC CO.      | 20               | (0.5%)           | 73     | (0.7%)  | 93       | 0                | (0.0%)           | 22    | (0.4%)  | 20               | (0.5%)           | 51    | (1.0%)  | 71       |
| SKAMANIA CO.     | 9                | (0.2%)           | 16     | (0.1%)  | 25       | 1                | (0.6%)           | 10    | (0.2%)  | 8                | (0.2%)           | 6     | (0.1%)  | 14       |
| THURSTON CO.     | 0                | (0.0%)           | 7      | (0.1%)  | 7        | 0                | (0.0%)           | 5     | (0.1%)  | 0                | (0.0%)           | 2     | (0.0%)  | 2        |
| WAHKIAKUM CO.    | 66               | (1.6%)           | 166    | (1.5%)  | 232      | 2                | (1.2%)           | 74    | (1.2%)  | 64               | (1.7%)           | 92    | (1.8%)  | 156      |
|                  | 1                | (0.0%)           | 2      | (0.0%)  | 3        | 0                | (0.0%)           | 0     | (0.0%)  | 1                | (0.0%)           | 2     | (0.0%)  | 3        |
|                  | 1,373            | (33.9%)          | 3,975  | (35.7%) | 5,348    | 80               | (47.3%)          | 2,058 | (34.3%) | 1,293            | (33.3%)          | 1,917 | (37.3%) | 3,210    |
|                  | 2,674            | (66.1%)          | 7,160  | (64.3%) | 9,834    | 89               | (52.7%)          | 3,937 | (65.7%) | 2,585            | (66.7%)          | 3,223 | (62.7%) | 5,808    |
|                  | 4,047            | (100%)           | 11,135 | (100%)  | 15,182   | 169              | (100%)           | 5,995 | (100%)  | 3,878            | (100%)           | 5,140 | (100%)  | 9,018    |

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

8. County of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

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<http://www.doh.wa.gov/hiv.htm>

**TABLE 6. WASHINGTON STATE HIV<sup>1</sup> CASES, YEAR OF DIAGNOSIS<sup>3</sup> BY GENDER, RACE/  
ETHNICITY,<sup>10</sup> EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE<sup>9</sup> AT DIAG-  
NOSIS, AS OF 06/30/2005**

|                                        | 1982-1989<br>No. (%) | 1990-1997<br>No. (%) | 1998-Current <sup>5</sup><br>No. (%) | Cumulative<br>No. (%) | 2001<br>No. (%) | 2002<br>No. (%) | 2003<br>No. (%) | 2004 <sup>5</sup><br>No. (%) | 2005 YTD <sup>5</sup><br>No. (%) |
|----------------------------------------|----------------------|----------------------|--------------------------------------|-----------------------|-----------------|-----------------|-----------------|------------------------------|----------------------------------|
| <b>Gender</b>                          |                      |                      |                                      |                       |                 |                 |                 |                              |                                  |
| Male                                   | 385 (92%)            | 1,154 (85%)          | 1,929 (85%)                          | 3,468 (86%)           | 270 (87%)       | 263 (85%)       | 278 (85%)       | 296 (85%)                    | 106 (84%)                        |
| Female                                 | 33 (8%)              | 208 (15%)            | 338 (15%)                            | 579 (14%)             | 40 (13%)        | 47 (15%)        | 49 (15%)        | 51 (15%)                     | 20 (16%)                         |
| Total                                  | 418 (100%)           | 1,362 (100%)         | 2,267 (100%)                         | 4,047 (100%)          | 310 (100%)      | 310 (100%)      | 327 (100%)      | 347 (100%)                   | 126 (100%)                       |
| <b>Race/Ethnicity<sup>10</sup></b>     |                      |                      |                                      |                       |                 |                 |                 |                              |                                  |
| White, not Hispanic                    | 357 (85%)            | 1,053 (77%)          | 1,503 (66%)                          | 2,913 (72%)           | 212 (68%)       | 198 (64%)       | 215 (66%)       | 215 (62%)                    | 75 (60%)                         |
| Black, not Hispanic                    | 40 (10%)             | 162 (12%)            | 390 (17%)                            | 592 (15%)             | 46 (15%)        | 60 (19%)        | 60 (18%)        | 66 (19%)                     | 20 (16%)                         |
| Hispanic (All Races)                   | 10 (2%)              | 93 (7%)              | 221 (10%)                            | 324 (8%)              | 32 (10%)        | 30 (10%)        | 30 (9%)         | 35 (10%)                     | 20 (16%)                         |
| Asian/Pacific Islander                 | 0 (0%)               | 1 (0%)               | 5 (0%)                               | 6 (0%)                | 1 (0%)          | 0 (0%)          | 0 (0%)          | 0 (0%)                       | 0 (0%)                           |
| Asian                                  | 3 (1%)               | 25 (2%)              | 66 (3%)                              | 94 (2%)               | 10 (3%)         | 10 (3%)         | 10 (3%)         | 12 (3%)                      | 3 (2%)                           |
| Hawaiian/Pacific Islander              | 1 (0%)               | 0 (0%)               | 6 (0%)                               | 7 (0%)                | 0 (0%)          | 2 (1%)          | 2 (1%)          | 0 (0%)                       | 1 (1%)                           |
| Native American/Alaskan                | 5 (1%)               | 18 (1%)              | 43 (2%)                              | 66 (2%)               | 5 (2%)          | 8 (3%)          | 8 (2%)          | 11 (3%)                      | 3 (2%)                           |
| Multi-race                             | 0 (0%)               | 2 (0%)               | 12 (1%)                              | 14 (0%)               | 1 (0%)          | 1 (0%)          | 1 (0%)          | 6 (2%)                       | 0 (0%)                           |
| Unknown                                | 2 (0%)               | 8 (1%)               | 21 (1%)                              | 31 (1%)               | 3 (1%)          | 1 (0%)          | 1 (0%)          | 2 (1%)                       | 4 (3%)                           |
| Total                                  | 418 (100%)           | 1,362 (100%)         | 2,267 (100%)                         | 4,047 (100%)          | 310 (100%)      | 310 (100%)      | 327 (100%)      | 347 (100%)                   | 126 (100%)                       |
| <b>Exposure Category</b>               |                      |                      |                                      |                       |                 |                 |                 |                              |                                  |
| Male/male sex (MSM)                    | 285 (68%)            | 840 (62%)            | 1,405 (62%)                          | 2,530 (63%)           | 189 (61%)       | 193 (62%)       | 206 (63%)       | 205 (59%)                    | 75 (60%)                         |
| Injecting Drug Use (IDU)               | 44 (11%)             | 141 (10%)            | 203 (9%)                             | 388 (10%)             | 26 (8%)         | 27 (9%)         | 25 (8%)         | 34 (10%)                     | 7 (6%)                           |
| MSM and IDU                            | 50 (12%)             | 114 (8%)             | 173 (8%)                             | 337 (8%)              | 24 (8%)         | 29 (9%)         | 25 (8%)         | 27 (8%)                      | 10 (8%)                          |
| Transfusion/Transplant                 | 3 (1%)               | 7 (1%)               | 8 (0%)                               | 18 (0%)               | 2 (1%)          | 1 (0%)          | 0 (0%)          | 2 (1%)                       | 1 (1%)                           |
| Hemophilia                             | 9 (2%)               | 4 (0%)               | 1 (0%)                               | 14 (0%)               | 0 (0%)          | 0 (0%)          | 0 (0%)          | 0 (0%)                       | 0 (0%)                           |
| Heterosexual Contact <sup>6</sup>      | 11 (3%)              | 134 (10%)            | 252 (2400)                           | 397 (10%)             | 37 (12%)        | 40 (13%)        | 39 (12%)        | 35 (10%)                     | 12 (10%)                         |
| Mother at Risk for HIV                 | 3 (1%)               | 25 (2%)              | 7 (0%)                               | 35 (1%)               | 0 (0%)          | 0 (0%)          | 1 (0%)          | 1 (0%)                       | 0 (0%)                           |
| No Identified Risk <sup>7</sup> /Other | 13 (3%)              | 97 (7%)              | 218 (10%)                            | 328 (8%)              | 32 (10%)        | 20 (6%)         | 31 (9%)         | 43 (12%)                     | 21 (17%)                         |
| Total                                  | 418 (100%)           | 1,362 (100%)         | 2,267 (100%)                         | 4,047 (100%)          | 310 (100%)      | 310 (100%)      | 327 (100%)      | 347 (100%)                   | 126 (100%)                       |
| <b>AIDSNET Region</b>                  |                      |                      |                                      |                       |                 |                 |                 |                              |                                  |
| Region 1                               | 22 (5%)              | 54 (4%)              | 95 (4%)                              | 171 (4%)              | 12 (4%)         | 16 (5%)         | 13 (4%)         | 20 (6%)                      | 5 (4%)                           |
| Region 2                               | 11 (3%)              | 39 (3%)              | 79 (3%)                              | 129 (3%)              | 9 (3%)          | 14 (5%)         | 7 (2%)          | 11 (3%)                      | 7 (6%)                           |
| Region 3                               | 32 (8%)              | 124 (9%)             | 151 (7%)                             | 307 (8%)              | 21 (7%)         | 15 (5%)         | 24 (7%)         | 25 (7%)                      | 8 (6%)                           |
| Region 5                               | 40 (10%)             | 166 (12%)            | 242 (11%)                            | 448 (11%)             | 27 (9%)         | 37 (12%)        | 41 (13%)        | 25 (7%)                      | 13 (10%)                         |
| Region 6                               | 28 (7%)              | 115 (8%)             | 175 (8%)                             | 318 (8%)              | 32 (10%)        | 23 (7%)         | 28 (9%)         | 28 (8%)                      | 13 (10%)                         |
| Subtotal                               | 133 (32%)            | 498 (37%)            | 742 (33%)                            | 1,373 (34%)           | 101 (33%)       | 105 (34%)       | 113 (35%)       | 109 (31%)                    | 46 (37%)                         |
| Region 4 (King Co.)                    | 285 (68%)            | 864 (63%)            | 1,525 (67%)                          | 2,674 (66%)           | 209 (67%)       | 205 (66%)       | 214 (65%)       | 238 (69%)                    | 80 (63%)                         |
| Total                                  | 418 (100%)           | 1,362 (100%)         | 2,267 (100%)                         | 4,047 (100%)          | 310 (100%)      | 310 (100%)      | 327 (100%)      | 347 (100%)                   | 126 (100%)                       |

1 This includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. It does not include those who have only been tested anonymously for HIV.

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

**TABLE 7. WASHINGTON STATE AIDS CASES, YEAR OF DIAGNOSIS<sup>3</sup> BY GENDER, RACE/ETHNICITY,<sup>10</sup> EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE<sup>9</sup> AT DIAGNOSIS, AS OF 06/30/2005**

|                                        | 1982-1989    |               | 1990-1997    |               | 1998-Current <sup>5</sup> |               | Cumulative    |               | 2001       |               | 2002       |               | 2003       |               | 2004 <sup>5</sup> |               | 2005 YTD <sup>5</sup> |               |
|----------------------------------------|--------------|---------------|--------------|---------------|---------------------------|---------------|---------------|---------------|------------|---------------|------------|---------------|------------|---------------|-------------------|---------------|-----------------------|---------------|
|                                        | No.          | (%)           | No.          | (%)           | No.                       | (%)           | No.           | (%)           | No.        | (%)           | No.        | (%)           | No.        | (%)           | No.               | (%)           | No.                   | (%)           |
| <b>Gender</b>                          |              |               |              |               |                           |               |               |               |            |               |            |               |            |               |                   |               |                       |               |
| Male                                   | 1,889        | (97%)         | 5,701        | (92%)         | 2,559                     | (86%)         | 10,149        | (91%)         | 355        | (88%)         | 368        | (83%)         | 368        | (84%)         | 336               | (83%)         | 110                   | (83%)         |
| Female                                 | 62           | (3%)          | 493          | (8%)          | 431                       | (14%)         | 986           | (9%)          | 48         | (12%)         | 73         | (17%)         | 68         | (16%)         | 71                | (17%)         | 22                    | (17%)         |
| <b>Total</b>                           | <b>1,951</b> | <b>(100%)</b> | <b>6,194</b> | <b>(100%)</b> | <b>2,990</b>              | <b>(100%)</b> | <b>11,135</b> | <b>(100%)</b> | <b>403</b> | <b>(100%)</b> | <b>441</b> | <b>(100%)</b> | <b>436</b> | <b>(100%)</b> | <b>407</b>        | <b>(100%)</b> | <b>132</b>            | <b>(100%)</b> |
| <b>Race/Ethnicity<sup>10</sup></b>     |              |               |              |               |                           |               |               |               |            |               |            |               |            |               |                   |               |                       |               |
| White, not Hispanic                    | 1,710        | (88%)         | 4,924        | (79%)         | 1,981                     | (66%)         | 8,615         | (77%)         | 263        | (65%)         | 284        | (64%)         | 280        | (64%)         | 270               | (66%)         | 76                    | (58%)         |
| Black, not Hispanic                    | 130          | (7%)          | 605          | (10%)         | 504                       | (17%)         | 1,239         | (11%)         | 74         | (18%)         | 79         | (18%)         | 69         | (16%)         | 67                | (16%)         | 29                    | (22%)         |
| Hispanic (All Races)                   | 75           | (4%)          | 417          | (7%)          | 332                       | (11%)         | 824           | (7%)          | 46         | (11%)         | 45         | (10%)         | 58         | (13%)         | 43                | (11%)         | 18                    | (14%)         |
| Asian/Pacific Islander                 | 3            | (0%)          | 32           | (1%)          | 12                        | (0%)          | 47            | (0%)          | 3          | (1%)          | 4          | (1%)          | 1          | (0%)          | 0                 | (0%)          | 1                     | (1%)          |
| Asian                                  | 11           | (1%)          | 68           | (1%)          | 55                        | (2%)          | 134           | (1%)          | 4          | (1%)          | 13         | (3%)          | 10         | (2%)          | 9                 | (2%)          | 5                     | (4%)          |
| Hawaiian/Pacific Islander              | 5            | (0%)          | 9            | (0%)          | 13                        | (0%)          | 27            | (0%)          | 1          | (0%)          | 2          | (0%)          | 5          | (1%)          | 2                 | (0%)          | 0                     | (0%)          |
| Native American/Alaskan                | 16           | (1%)          | 117          | (2%)          | 70                        | (2%)          | 203           | (2%)          | 10         | (2%)          | 12         | (3%)          | 10         | (2%)          | 10                | (2%)          | 2                     | (2%)          |
| Multi-race                             | 1            | (0%)          | 20           | (0%)          | 14                        | (0%)          | 35            | (0%)          | 0          | (0%)          | 1          | (0%)          | 3          | (1%)          | 5                 | (1%)          | 1                     | (1%)          |
| Unknown                                | 0            | (0%)          | 2            | (0%)          | 9                         | (0%)          | 11            | (0%)          | 2          | (0%)          | 1          | (0%)          | 0          | (0%)          | 1                 | (0%)          | 0                     | (0%)          |
| <b>Total</b>                           | <b>1,951</b> | <b>(100%)</b> | <b>6,194</b> | <b>(100%)</b> | <b>2,990</b>              | <b>(100%)</b> | <b>11,135</b> | <b>(100%)</b> | <b>403</b> | <b>(100%)</b> | <b>441</b> | <b>(100%)</b> | <b>436</b> | <b>(100%)</b> | <b>407</b>        | <b>(100%)</b> | <b>132</b>            | <b>(100%)</b> |
| <b>Exposure Category</b>               |              |               |              |               |                           |               |               |               |            |               |            |               |            |               |                   |               |                       |               |
| Male/male sex (MSM)                    | 1,499        | (77%)         | 4,232        | (68%)         | 1,667                     | (56%)         | 7,398         | (66%)         | 238        | (59%)         | 238        | (54%)         | 249        | (57%)         | 214               | (53%)         | 64                    | (48%)         |
| Injecting Drug Use (IDU)               | 82           | (4%)          | 573          | (9%)          | 359                       | (12%)         | 1,014         | (9%)          | 45         | (11%)         | 51         | (12%)         | 49         | (11%)         | 45                | (11%)         | 14                    | (11%)         |
| MSM and IDU                            | 234          | (12%)         | 612          | (10%)         | 253                       | (8%)          | 1,099         | (10%)         | 35         | (9%)          | 39         | (9%)          | 32         | (7%)          | 31                | (8%)          | 15                    | (11%)         |
| Transfusion/Transplant                 | 47           | (2%)          | 64           | (1%)          | 12                        | (0%)          | 123           | (1%)          | 0          | (0%)          | 1          | (0%)          | 1          | (0%)          | 3                 | (1%)          | 0                     | (0%)          |
| Hemophilia                             | 30           | (2%)          | 52           | (1%)          | 9                         | (0%)          | 91            | (1%)          | 1          | (0%)          | 0          | (0%)          | 1          | (0%)          | 1                 | (0%)          | 1                     | (1%)          |
| Heterosexual Contact <sup>6</sup>      | 29           | (1%)          | 372          | (6%)          | 368                       | (12%)         | 769           | (7%)          | 50         | (12%)         | 72         | (16%)         | 57         | (13%)         | 57                | (14%)         | 19                    | (14%)         |
| Mother at Risk for HIV                 | 8            | (0%)          | 18           | (0%)          | 2                         | (0%)          | 28            | (0%)          | 0          | (0%)          | 0          | (0%)          | 0          | (0%)          | 0                 | (0%)          | 0                     | (0%)          |
| No Identified Risk <sup>7</sup> /Other | 22           | (1%)          | 271          | (4%)          | 320                       | (11%)         | 613           | (6%)          | 34         | (8%)          | 40         | (9%)          | 47         | (11%)         | 56                | (14%)         | 19                    | (14%)         |
| <b>Total</b>                           | <b>1,951</b> | <b>(100%)</b> | <b>6,194</b> | <b>(100%)</b> | <b>2,990</b>              | <b>(100%)</b> | <b>11,135</b> | <b>(100%)</b> | <b>403</b> | <b>(100%)</b> | <b>441</b> | <b>(100%)</b> | <b>436</b> | <b>(100%)</b> | <b>407</b>        | <b>(100%)</b> | <b>132</b>            | <b>(100%)</b> |
| <b>AIDSNET Region</b>                  |              |               |              |               |                           |               |               |               |            |               |            |               |            |               |                   |               |                       |               |
| Region 1                               | 79           | (4%)          | 343          | (6%)          | 191                       | (6%)          | 613           | (6%)          | 19         | (5%)          | 30         | (7%)          | 27         | (6%)          | 28                | (7%)          | 5                     | (4%)          |
| Region 2                               | 48           | (2%)          | 192          | (3%)          | 136                       | (5%)          | 376           | (3%)          | 18         | (4%)          | 15         | (3%)          | 22         | (5%)          | 23                | (6%)          | 7                     | (5%)          |
| Region 3                               | 111          | (6%)          | 516          | (8%)          | 261                       | (9%)          | 888           | (8%)          | 29         | (7%)          | 43         | (10%)         | 38         | (9%)          | 39                | (10%)         | 17                    | (13%)         |
| Region 5                               | 171          | (9%)          | 645          | (10%)         | 354                       | (12%)         | 1,170         | (11%)         | 57         | (14%)         | 40         | (9%)          | 38         | (9%)          | 46                | (11%)         | 11                    | (8%)          |
| Region 6                               | 108          | (6%)          | 531          | (9%)          | 289                       | (10%)         | 928           | (8%)          | 52         | (13%)         | 51         | (12%)         | 30         | (7%)          | 42                | (10%)         | 20                    | (15%)         |
| <b>Subtotal</b>                        | <b>517</b>   | <b>(26%)</b>  | <b>2,227</b> | <b>(36%)</b>  | <b>1,231</b>              | <b>(41%)</b>  | <b>3,975</b>  | <b>(36%)</b>  | <b>175</b> | <b>(43%)</b>  | <b>179</b> | <b>(41%)</b>  | <b>155</b> | <b>(36%)</b>  | <b>178</b>        | <b>(44%)</b>  | <b>60</b>             | <b>(45%)</b>  |
| Region 4 (King Co.)                    | 1,434        | (74%)         | 3,967        | (64%)         | 1,759                     | (59%)         | 7,160         | (64%)         | 228        | (57%)         | 262        | (59%)         | 281        | (64%)         | 229               | (56%)         | 72                    | (55%)         |
| <b>Total</b>                           | <b>1,951</b> | <b>(100%)</b> | <b>6,194</b> | <b>(100%)</b> | <b>2,990</b>              | <b>(100%)</b> | <b>11,135</b> | <b>(100%)</b> | <b>403</b> | <b>(100%)</b> | <b>441</b> | <b>(100%)</b> | <b>436</b> | <b>(100%)</b> | <b>407</b>        | <b>(100%)</b> | <b>132</b>            | <b>(100%)</b> |

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

\* For explanation of revised AIDS total, see technical notes



### WASHINGTON STATE REPORTED CASES OF CHLAMYDIA, GONORRHEA, EARLY SYPHILIS, JANUARY - JUNE 2005

| Sex                                       | Chlamydia    |                | Gonorrhea    |                | Early Syphilis |                |
|-------------------------------------------|--------------|----------------|--------------|----------------|----------------|----------------|
|                                           | No.          | (%)            | No.          | (%)            | No.            | (%)            |
| Male                                      | 2,579        | (26.5)         | 971          | (54.3)         | 83             | (96.5)         |
| Female                                    | 7,153        | (73.5)         | 816          | (45.7)         | 3              | (3.5)          |
| <b>TOTAL</b>                              | <b>9,732</b> | <b>(100.0)</b> | <b>1,787</b> | <b>(100.0)</b> | <b>86</b>      | <b>(100.0)</b> |
| <b>Age</b>                                |              |                |              |                |                |                |
| 0-14                                      | 128          | (1.3)          | 17           | (1.0)          | 0              | (0.0)          |
| 15-19                                     | 3,082        | (31.7)         | 363          | (20.3)         | 2              | (2.3)          |
| 20-24                                     | 3,700        | (38.0)         | 497          | (27.8)         | 11             | (12.8)         |
| 25-29                                     | 1,476        | (15.2)         | 286          | (16.0)         | 5              | (5.8)          |
| 30-34                                     | 580          | (6.0)          | 208          | (11.6)         | 11             | (12.8)         |
| 35-39                                     | 318          | (3.3)          | 150          | (8.4)          | 26             | (30.2)         |
| 40+                                       | 321          | (3.3)          | 250          | (14.0)         | 31             | (36.0)         |
| Unknown                                   | 127          | (1.3)          | 16           | (0.9)          | 0              | (0.0)          |
| <b>TOTAL</b>                              | <b>9,732</b> | <b>(100.0)</b> | <b>1,787</b> | <b>(100.0)</b> | <b>86</b>      | <b>(100.0)</b> |
| <b>Ethnic/Race</b>                        |              |                |              |                |                |                |
| White                                     | 4,275        | (43.9)         | 741          | (41.5)         | 66             | (76.7)         |
| Black                                     | 1,168        | (12.0)         | 434          | (24.3)         | 4              | (4.7)          |
| Hispanic                                  | 1,415        | (14.5)         | 149          | (8.3)          | 11             | (12.8)         |
| Native Hawaiian/Other<br>Pacific Islander | 95           | (1.0)          | 11           | (0.6)          | 1              | (1.2)          |
| Asian                                     | 349          | (3.6)          | 35           | (2.0)          | 2              | (2.3)          |
| Native American                           | 305          | (3.1)          | 45           | (2.5)          | 0              | (0.0)          |
| Multi                                     | 270          | (2.8)          | 36           | (2.0)          | 2              | (2.3)          |
| Other                                     | 88           | (0.9)          | 12           | (0.7)          | 0              | (0.0)          |
| Unknown                                   | 1,767        | (18.2)         | 324          | (18.1)         | 0              | (0.0)          |
| <b>TOTAL</b>                              | <b>9,732</b> | <b>(100.0)</b> | <b>1,787</b> | <b>(100.0)</b> | <b>86</b>      | <b>(100.0)</b> |
| <b>Provider Type</b>                      |              |                |              |                |                |                |
|                                           | Cases        | # Prov         | Cases        | # Prov         | Cases          | # Prov         |
| Community Health Ctr.                     | 251          | 27             | 59           | 18             | 4              | 3              |
| Emergency Care (Not Hosp.)                | 165          | 46             | 47           | 21             | 2              | 2              |
| Family Planning                           | 2,274        | 53             | 171          | 33             | 0              | 0              |
| Health Plan/HMO's                         | 382          | 40             | 65           | 24             | 2              | 2              |
| Hospitals                                 | 861          | 81             | 276          | 55             | 5              | 5              |
| Indian Health                             | 117          | 17             | 23           | 10             | 0              | 0              |
| Jail/Correction/Detention                 | 425          | 36             | 121          | 23             | 3              | 3              |
| Migrant Health                            | 253          | 18             | 27           | 10             | 0              | 0              |
| Military                                  | 416          | 6              | 41           | 5              | 0              | 0              |
| Neighborhood Health                       | 76           | 14             | 13           | 7              | 0              | 0              |
| OB/GYN                                    | 639          | 101            | 48           | 30             | 0              | 0              |
| Other                                     | 1,905        | 487            | 340          | 165            | 17             | 10             |
| Private Physician                         | 258          | 143            | 55           | 36             | 18             | 4              |
| Reproductive Health                       | 700          | 17             | 89           | 13             | 1              | 1              |
| STD                                       | 639          | 22             | 361          | 12             | 34             | 2              |
| Student Health                            | 371          | 26             | 51           | 12             | 0              | 0              |
| <b>TOTAL</b>                              | <b>9,732</b> | <b>1,134</b>   | <b>1,787</b> | <b>474</b>     | <b>86</b>      | <b>32</b>      |

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## WASHINGTON STATE REPORTED STDs BY COUNTY JANUARY - JUNE 2005

|                       | CT    | GC    | HERPES | P & S | EL    | L/LL  | CONG | TOTAL |
|-----------------------|-------|-------|--------|-------|-------|-------|------|-------|
| Adams                 | 22    | 3     | 1      | 0     | 0     | 0     | -    | 0     |
| Asotin                | 23    | 1     | 11     | 0     | 0     | 0     | -    | 0     |
| Benton                | 221   | 9     | 11     | 0     | 0     | 0     | -    | 0     |
| Chelan                | 93    | 3     | 10     | 0     | 0     | 0     | -    | 0     |
| Clallam               | 76    | 16    | 15     | 0     | 0     | 0     | -    | 0     |
| Clark                 | 458   | 109   | 35     | 1     | 0     | 4     | -    | 5     |
| Columbia              | 3     | 1     | 0      | 0     | 0     | 0     | -    | 0     |
| Cowlitz               | 133   | 34    | 22     | 1     | 0     | 0     | -    | 1     |
| Douglas               | 29    | 1     | 10     | 1     | 0     | 0     | -    | 1     |
| Ferry                 | 8     | 0     | 0      | 0     | 0     | 0     | -    | 0     |
| Franklin              | 117   | 4     | 3      | 0     | 0     | 1     | -    | 1     |
| Garfield              | 0     | 0     | 0      | 0     | 0     | 0     | -    | 0     |
| Grant                 | 103   | 9     | 15     | 0     | 0     | 0     | -    | 0     |
| Grays Harbor          | 89    | 2     | 8      | 0     | 0     | 0     | -    | 0     |
| Island                | 105   | 8     | 20     | 0     | 0     | 1     | -    | 1     |
| Jefferson             | 41    | 1     | 5      | 0     | 0     | 0     | -    | 0     |
| King                  | 2,920 | 831   | 409    | 53    | 18    | 40    | -    | 111   |
| Kitsap                | 338   | 33    | 35     | 3     | 1     | 3     | -    | 7     |
| Kittitas              | 81    | 5     | 5      | 0     | 0     | 0     | -    | 0     |
| Klickitat             | 16    | 3     | 0      | 0     | 0     | 0     | -    | 0     |
| Lewis                 | 78    | 9     | 17     | 0     | 0     | 0     | -    | 0     |
| Lincoln               | 2     | 0     | 2      | 0     | 0     | 0     | -    | 0     |
| Mason                 | 79    | 6     | 9      | 0     | 1     | 4     | -    | 5     |
| Okanogan              | 60    | 0     | 7      | 0     | 0     | 0     | -    | 0     |
| Pacific               | 13    | 1     | 2      | 0     | 0     | 0     | -    | 0     |
| Pend Oreille          | 6     | 1     | 2      | 0     | 0     | 0     | -    | 0     |
| Pierce                | 1,880 | 341   | 127    | 1     | 2     | 11    | -    | 14    |
| San Juan              | 5     | 0     | 0      | 1     | 0     | 0     | -    | 1     |
| Skagit                | 157   | 14    | 26     | 0     | 0     | 2     | -    | 2     |
| Skamania              | 5     | 3     | 0      | 0     | 0     | 0     | -    | 0     |
| Snohomish             | 818   | 117   | 144    | 2     | 0     | 6     | -    | 8     |
| Spokane               | 527   | 70    | 69     | 0     | 0     | 6     | -    | 6     |
| Stevens               | 37    | 1     | 3      | 0     | 0     | 0     | -    | 0     |
| Thurston              | 278   | 31    | 44     | 0     | 0     | 1     | -    | 1     |
| Wahkiakum             | 1     | 0     | 0      | 0     | 0     | 0     | -    | 0     |
| Walla Walla           | 88    | 1     | 8      | 0     | 0     | 1     | -    | 1     |
| Whatcom               | 256   | 49    | 38     | 0     | 0     | 2     | -    | 2     |
| Whitman               | 70    | 0     | 6      | 1     | 0     | 0     | -    | 1     |
| Yakima                | 496   | 70    | 47     | 0     | 0     | 2     | -    | 2     |
| <b>YEAR TO DATE</b>   | 9,732 | 1,787 | 1,166  | 64    | 22    | 84    | 0    | 170   |
| <b>PRV YR TO DATE</b> | 8,855 | 1,340 | 1,139  | 52    | 19    | 65    | 0    | 136   |
| <b>% CHANGE</b>       | 9.9%  | 33.4% | 2.4%   | 23.1% | 15.8% | 29.2% | NC   | 25.0% |

CT = Chlamydia Trachomatis

P/S = Primary &amp; Secondary Syphilis

CONG = Congenital Syphilis

GC = Gonorrhea

EL = Early Latent Syphilis

HERPES = Initial Genital Herpes

L/LL = Late/Late Latent Syphilis

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## MONTHLY TUBERCULOSIS CASE TOTALS BY COUNTY, 2004-2005

| COUNTY          | JAN  |      | FEB  |      | MARCH |      | APRIL |      | MAY  |      | JUNE |      | JULY |      | AUG  |      | SEP  |      | OCT  |      | NOV  |      | DEC  |      | TOTAL |      |
|-----------------|------|------|------|------|-------|------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|
|                 | 2004 | 2005 | 2004 | 2005 | 2004  | 2005 | 2004  | 2005 | 2004 | 2005 | 2004 | 2005 | 2004 | 2005 | 2004 | 2005 | 2004 | 2005 | 2004 | 2005 | 2004 | 2005 | 2004 | 2005 | 2004  | 2005 |
| Adams           |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Asotin          |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Benton          |      |      | 1    |      |       |      |       |      | 2    |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      | 4     | 0    |
| Chelan          |      |      |      |      |       |      | 1     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 1    |
| Clallam         |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Clark           |      | 1    |      | 2    | 1     | 2    |       |      | 1    |      | 2    |      |      |      |      |      |      |      | 1    |      | 1    |      | 2    |      | 8     | 5    |
| Columbia        |      |      |      |      |       |      |       |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 1    |
| Cowlitz         |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Douglas         |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Ferry           |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Franklin        |      |      | 1    |      |       |      |       |      | 1    |      | 1    |      |      |      | 1    |      |      |      |      |      |      |      |      |      | 3     | 1    |
| Garfield        |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Grant           |      |      |      |      |       |      | 1     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 1    |
| Grays Harbor    |      |      |      |      |       | 1    |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |      |      | 1     | 1    |
| Island          |      |      |      |      |       |      |       | 1    |      |      |      |      | 1    |      |      |      | 2    |      |      |      | 1    |      |      |      | 5     | 0    |
| Jefferson       |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| King            | 8    | 7    | 12   | 5    | 7     | 15   | 15    | 9    | 6    | 6    | 19   | 15   | 18   |      | 4    |      | 11   |      | 9    |      | 7    |      | 17   |      | 133   | 57   |
| Kitsap          |      |      |      | 1    |       |      |       | 2    |      | 1    |      |      | 1    |      |      |      |      |      |      |      |      |      | 1    |      | 2     | 4    |
| Kittitas        |      |      |      |      |       |      | 1     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     | 0    |
| Klickitat       |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Lewis           |      |      | 1    |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1     | 0    |
| Lincoln         |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Mason           |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1    |      |      | 1     | 0    |
| Okanogan        |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Pacific         |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Pend-Oreille    |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Pierce          | 1    | 1    | 2    | 4    | 1     |      | 2     | 2    | 1    | 2    | 9    | 2    | 1    |      | 4    |      | 2    |      | 1    |      | 3    |      | 7    |      | 34    | 11   |
| San Juan        |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      |      |      | 1     | 0    |
| Skagit          |      |      |      |      |       | 1    |       |      |      | 1    | 1    |      |      |      |      |      |      |      | 1    |      |      |      |      |      | 2     | 2    |
| Skamania        |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Snohomish       |      | 1    |      | 1    |       | 2    |       |      | 1    |      | 2    |      | 1    |      | 2    |      | 2    |      | 5    |      | 2    |      |      |      | 15    | 4    |
| Spokane         | 3    |      | 1    |      | 1     | 4    |       |      |      |      |      | 1    | 1    |      |      |      |      |      |      |      |      |      | 1    |      | 7     | 5    |
| Stevens         |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Thurston        |      | 2    | 1    |      |       |      |       |      | 1    | 1    | 1    |      |      |      |      |      | 1    |      | 3    |      |      |      |      |      | 7     | 3    |
| Wahkiakum       |      |      |      |      |       |      |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 0    |
| Walla Walla     |      |      |      |      |       | 1    |       |      |      |      |      |      |      |      |      |      |      |      | 1    |      |      |      |      |      | 1     | 1    |
| Whatcom         | 1    | 1    |      | 1    | 1     |      | 1     | 1    |      |      | 1    |      |      |      |      |      |      |      | 2    |      |      |      |      |      | 6     | 3    |
| Whitman         |      |      |      |      |       | 1    |       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 0     | 1    |
| Yakima          | 2    | 1    | 3    | 1    |       |      | 1     | 2    | 1    | 1    |      | 2    | 1    |      |      |      | 2    |      | 1    |      |      |      | 1    |      | 12    | 7    |
| State Total     | 15   | 14   | 22   | 15   | 11    | 27   | 20    | 18   | 15   | 13   | 35   | 21   | 24   | 0    | 11   | 0    | 21   | 0    | 25   | 0    | 14   | 0    | 31   | 0    | 244   | 108  |
| YTD State Total |      | 14   | 37   | 29   | 48    | 56   | 68    | 74   | 83   | 87   | 118  | 108  | 142  | 108  | 153  | 108  | 174  | 108  | 199  | 108  | 213  | 108  | 244  | 108  | 244   | 108  |

Note: Detailed analysis of tuberculosis morbidity is contained in "Washington State Tuberculosis Epidemiological Profile - 2002" and is available to order from the State TB Program by calling (360) 236-3443.

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## Deadline Details For *Washington State Responds* Quarterly Newsletter

The deadline for the next issue of *Washington State Responds* is **October 20, 2005**. The calendar start date for the issue is **November 5, 2005**. To submit information, corrections, or to be added or dropped from the mailing list, contact Barbara Schuler, Washington State Department of Health, HIV Prevention and Education Services, P.O. Box 47840, Olympia, WA 98504-7840. You may also telephone her at: (360) 236-3487 or call the Washington State Hotline at **1-800-272-2437, ext. 0** to leave a message. You may fax your information to (360) 236-3400, or preferably send via e-mail to: [barbara.schuler@doh.wa.gov](mailto:barbara.schuler@doh.wa.gov)

**We greatly appreciate news of your work or your organization!**

**Thank you for taking the time and effort to write, call, fax or e-mail!**

### DOH HIV/AIDS PREVENTION AND EDUCATION SERVICES

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The content of this newsletter is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

This newsletter may contain HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing syringe needles, prevention messages and programs may address these topics. If you are not seeking such information or are offended by such materials, do not visit this site.